Medical Economics

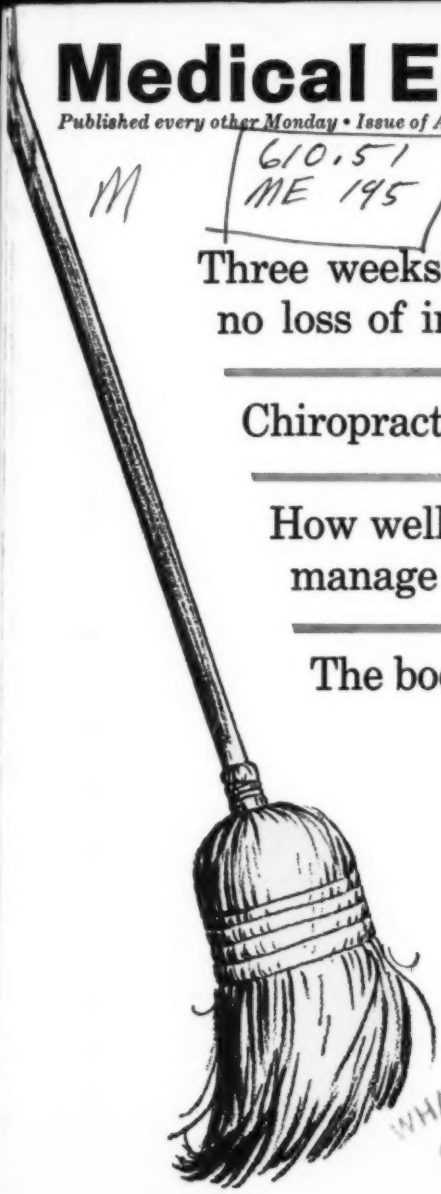
Published every other Monday • Issue of August 14, 1961

Three weeks' vacation—with no loss of income

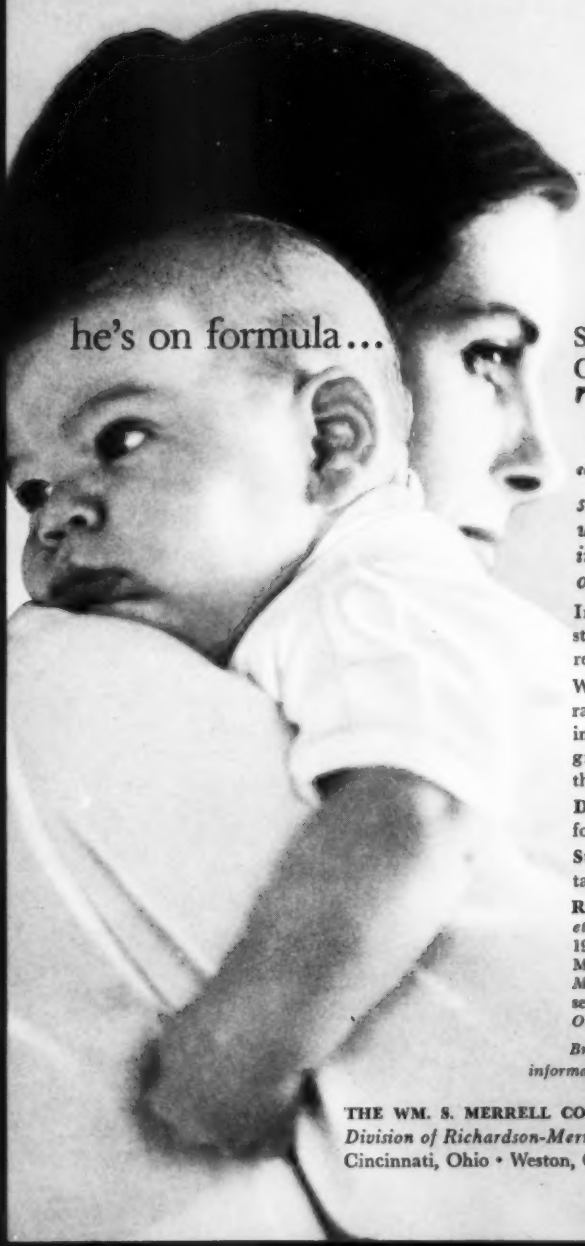
Chiropractic is cracking up!

How well do your children manage money?

The boom in book stocks



WHAT GOOD DOCTORS CAN DO ABOUT BAD ONES



she's on

TACE

(chlorotrianisene)

"...the most satisfactory drug for use at delivery in the suppression of lactation."[1]

In over 3,000 patients studied,[1-3] only 3 cases of refilling were reported.

Withdrawal bleeding rare,[1-3] since TACE, stored in body fat, is released gradually, even after therapy is discontinued.

Dosage: 4 capsules daily for 7 days.

Supply: Capsules containing 12 mg. TACE.

References: 1. Eichner, E., *et al.: Obst. & Gynec. 6*:511, 1955. 2. Bennet, E. T. and McCann, E. C.: *J. Maine M.A. 45*:225, 1954. 3. Nulsen, R. O., *et al.: Am. J. Obst. & Gynec. 65*:1048, 1953.

Brochure with full product information available on request.

THE WM. S. MERRELL COMPANY
Division of Richardson-Merrell Inc.
Cincinnati, Ohio • Weston, Ontario

Merrell

TRADEMARK: TACE®

XUM

...nead for you

...edical Economics, August 14, 1961

FEWER UNJUST MALPRACTICE SUITS may be filed if lawyers heed the advice of Moe Levine, prominent New York plaintiffs' attorney. "If we want doctors to testify in cases of real medical negligence," he says, "we must reject cases involving merely unfavorable results—especially nonnegligence cases where results are so unfavorable that the doctor's insurer will be tempted to settle rather than fight."

A TAX AUDIT NEXT YEAR? It's a near certainty if you net over $30,000 in 1961—and a stronger possibility than before if you earn less. The I.R.S. plans to examine more lower-income returns next year, says Commissioner Caplin.

THE HOUSE-STAFF SHORTAGE MAY GET WORSE, warns Dr. Harris B. Shumacker, chairman of the A.M.A.'s surgical section. He says that at least 16 foreign countries have told our State Department they'll withdraw their medical graduates from the exchange-student program unless our hospitals give them less scut work, more bona fide medical training.

INSURANCE ON YOUR FAMILY CAR will probably cost you more when you renew, assuming your first car is for professional use. The reason: 39 states have set new liability insurance

rates for multicar families. These grant a 20% discount on coverage for each nonprofessional car; under old rates the discount was 25%.

EXPECT FURTHER GROWTH in stocks of California savings and loan companies. Though Congress may boost their taxes this year, these companies' profits will more than double in the next five years, Wall Streeters predict.

YOUR DOWNTOWN PRACTICE MAY DWINDLE if it's in a city like Cleveland, Louisville (Ky.), New Orleans, Omaha, Portland (Ore.), or San Francisco. Practice consultants say population shifts in these cities are forcing many doctors to move their offices to the suburbs.

DOCTORS MAY ONE DAY LEARN BY MACHINE. Dartmouth Medical School is trying this teaching method on first- and second-year students. Early tests indicate it may double their rate of learning.

SOARING COSTS ARE IN PROSPECT for the Kennedy health plan if it passes Congress next year. H.E.W. Secretary Abraham Ribicoff now admits that in the five months since the plan to link health care for the aged to Social Security was drawn up, its estimated cost has risen 10%.

EFFECTIVE AGAINST ALL COMMONLY ENCOUNTERED EAR PATHOGENS

EXCELLENT TOPICAL TOLERANCE

NO SYSTEMIC EFFECTS

for OTITIS EXTERNA • OTOMYCOSIS
FURUNCULOSIS • OTITIS MEDIA

OTAMYLON® AND
Otamylon with Hydrocortisone

EAR DROPS

BACTERICIDAL
FUNGICIDAL
ANALGESIC
HYGROSCOPIC

Manner of Use:
After gently cleansing and drying the ear canal, Otamylon (2 or 3 drops or moistened wick) is applied three or four times daily.

Supplied:
Otamylon—bottles (15 cc.) with dropper.
Otamylon & Hydrocortisone—15 cc. combination package to be mixed prior to dispensing.

Otamylon is a clear, odorless, sterile, viscid liquid containing:
Sulfamylon® HCl 5%
Benzocaine 5%
Anhydrous glycol q.s. 100

Otamylon with Hydrocortisone:
Otamylon formula with 0.02% hydrocortisone.

Winthrop LABORATORIES NEW YORK 18, N. Y.

Otamylon and Sulfamylon (brand of sulfanilide), trademarks reg. U. S. Pat. Off.

5-year study[1] with COUMADIN demonstrates: long-term anticoagulation in office management of outpatients is practical and effective

A 5-year study[1] of long-term anticoagulation with COUMADIN (warfarin sodium) in office practice patients has demonstrated that such treatment reduces the probability of further infarctions in the postinfarct patient and is effective in preventing a first infarction in patients with angina.

An earlier report[2] noted that long-term anticoagulant therapy with warfarin sodium can be carried out, along with the necessary prothrombin time determinations, as part of general office practice.

"The most significant advantage is the great ease in maintaining patients in a therapeutic range. It has been rewarding to find, month after month, patients varying no more than three or four seconds in their prothrombin times on their established dosage of Warfarin sodium [COUMADIN]."[1]

COUMADIN®

FOR ORAL, INTRAVENOUS OR INTRAMUSCULAR USE

the original and only warfarin responsible for establishing this drug as closely approaching the ideal anticoagulant[3,4] and as "the best anticoagulant available today."[5] Over 179,000,000 doses administered to date.

the proven anticoagulant for long-term maintenance

Full range of oral and parenteral dosage forms—COUMADIN® (warfarin sodium) is available as: Scored tablets—2 mg., lavender; 5 mg., peach; 7½ mg., yellow; 10 mg., white; 25 mg., red. Single Injection Units—one vial, 50 mg., and one 2 cc. ampul Water for Injection; one vial, 75 mg., and one 3 cc. ampul Water for Injection.

Average Dose: Initial, 40-60 mg. For elderly and/or debilitated patients, 20-30 mg. Maintenance, 5-10 mg. daily, or as indicated by prothrombin time determinations.

1. Nora, J. J.: M. Times, May, 1961. 2. Nora, J. J.: J.A.M.A. 174:118, Sept. 10, 1960. 3. Barr, S., et al.: J.A.M.A. 167:704, June 7, 1958. 4. Moser, K. M.: Disease-a-Month, Chicago, Yr. Bk. Pub. Mar., 1960, p. 13. 5. Meyer, O. O.: Postgrad. Med. 24:110, Aug., 1958.

®Manufactured under license from the Wisconsin Alumni Research Foundation

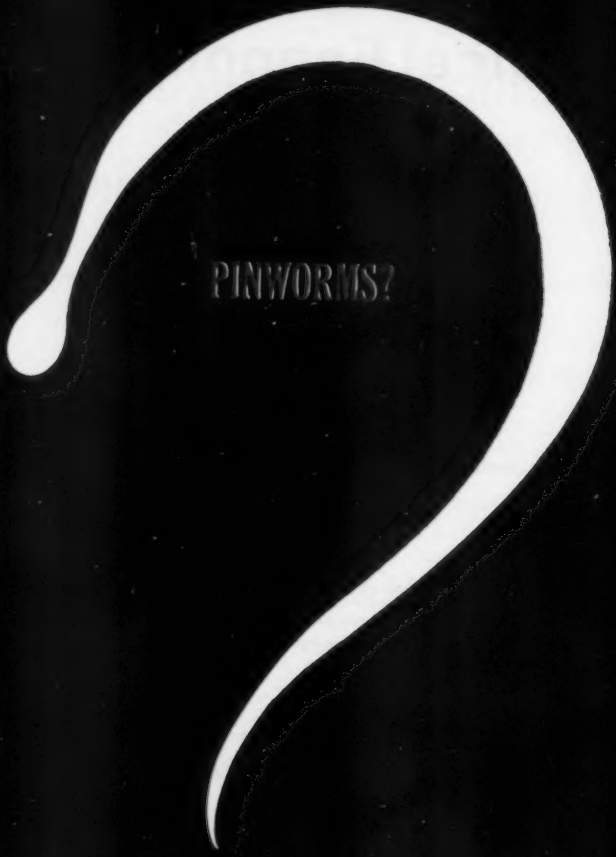
Complete Information and Reprints on Request Endo ENDO LABORATORIES *Richmond Hill 18, New York*

Medical Economics

National business magazine for physicians, August 14, 1961

Contents

 Published every other Monday at Oradell, N.J. Vol. 38, No. 17, Price 60 cents a copy, $12.50 a year (Canada and foreign, $15). Circulation, 178,500 physicians in private practice. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N.J. *Picture credits:* cover, Bill Serio; 15, J. Diffenderfer; 77, Graphic House; 83, Dana Fradon; 85-89, Neal Clark Jr., Pix; 96, 128, Roy Stevens; 103 (top), A. Dreimanis, Pix, (bottom), W. Hudson, Pix; 106 (top), G. Thein, Pix, (bottom), Hugo Harder, Pix; 116, Al Kaufman; 161, Glen Hewitt; 166, Mischa Richter; 178, Jerry Marcus; 184, 188, 190, 192, Peter Larsen; 204 (top), David F. Lawlor, A. Devaney, (bottom), Pix; 206, Joe Clarke, Pix; 210, Buckingham; 214, William O'Brian.



Povan SINGULARLY EFFECTIVE IN A SINGLE DOSE

(pyrvinium pamoate, Parke-Davis)

POVAN provides a simplified and clinically proved means of bringing a common medical problem under control. Through its unusual ability to clear most cases of pinworm infection with just one dose, POVAN permits this problem to be dealt with in a practical manner... preferably on a family or institution-wide basis.

POVAN is well tolerated... readily accepted in both dosage forms...and not appreciably absorbed through the gastrointestinal tract. Its single-dose efficacy makes therapy not only convenient, but economical as well.

Supplied: POVAN is available in suspension or tablet form. The pleasant-tasting, strawberry-flavored suspension is supplied in 2-oz. bottles and the tablets in bottles of 25.

The suspension contains pyrvinium pamoate equivalent to 10 mg. pyrvinium base per cc. The sugar-coated tablets each contain pyrvinium pamoate equivalent to 50 mg. pyrvinium base. Dosage: Children and adults, a single oral dose equivalent to 5 mg. per Kg. of body weight. Precautions: Infrequent nausea and vomiting and intestinal complaints have been reported. Tablets should be swallowed whole to avoid staining teeth. Will color stools a bright red. Suspension will stain most materials.

PARKE-DAVIS

DONNAGEL®

Donnatal® with Kaolin and Pectin compound

DONNAGEL's comprehensive antidiarrheal formulation gives the green light to normal activity, through its fast and dependable control of intestinal hypermotility.

Each 30 cc. (1 fl. oz.) of DONNAGEL contains:

Kaolin	6.0 Gm.	Natural belladonna alkaloids:	
Pectin	142.8 mg.	hyoscyamine sulfate	0.1037 mg.
Phenobarbital (¼ gr.)	16.2 mg.	atropine sulfate	0.0194 mg.
		hyoscine hydrobromide	0.0065 mg.

also available

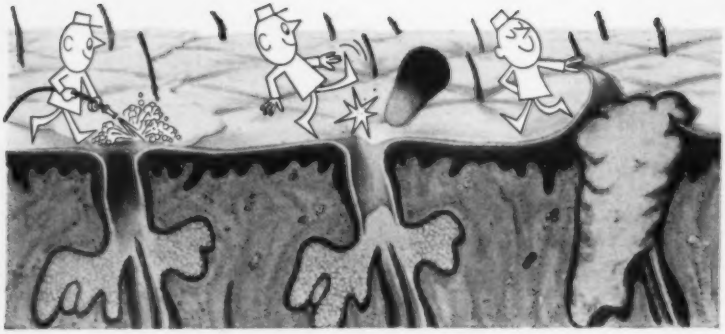
DONNAGEL WITH NEOMYCIN · DONNAGEL-PG

DONNAGEL plus neomycin sulfate 350 mg. (as neomycin base 210 mg.) per 30 cc.

DONNAGEL plus powdered opium U.S.P. 21.0 mg. per fl. oz. (equivalent to paregoric 6 ml.). This is the usual adult dose.

All three forms available in bottles of 6 fl. oz.

Favorite story . . . you tell in the staff room? Share it with your colleagues who read these columns. We pay $25 to $40 for acceptable contributions. Those not accepted within thirty days may be considered rejected. Write to: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N. J.



Fostex® treats pimples·blackheads·acne while they wash

degreases the skin
helps remove blackheads
dries and peels the skin

Patients like Fostex because it's so easy to use. Instead of using soap, they simply wash acne skin with Fostex Cream or Fostex Cake 2 to 4 times daily.

Fostex contains: Sebulytic® base (unique, penetrating, surface-active combination of soapless cleansers and wetting agents*) with remarkable antiseborrheic, keratolytic and antibacterial actions . . . enhanced by micro-pulverized sulfur 2%, salicylic acid 2% and hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake. Supplied: Fostex Cake—bar form. Fostex Cream—4.5 oz. jars. Also used as a therapeutic shampoo in dandruff and oily scalp.

And . . . since continuous 24-hour drying and peeling of acne skin is essential, FOSTRIL (a new, flesh-tinted drying lotion) should be used once or twice daily in addition to Fostex therapeutic washings. Fostril® contains Liposec® (polyoxyethylene lauryl ether), a new, surface-active drying agent used for the first time in acne treatment. This agent, with 2% micropulverized sulfur and a zinc oxide, talc and bentonite base, provides Fostril with excellent drying properties. Fostril also contains 1% hexachlorophene.

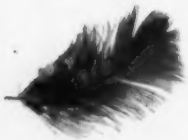
Available: Fostril, 1½ oz. tubes. Fostril-HC (¼% hydrocortisone) 25 gm. tubes.

WESTWOOD PHARMACEUTICALS • Buffalo 13, New York

Medical Economics

August 14, 1961

it takes so little to trigger an asthmatic attack...



it takes so little MORE to control it... the simple addition of ATARAX to your classic anti-asthmatic therapy increases therapeutic success even in difficult patients

Each MARAX tablet contains: ATARAX® (hydroxyzine HCl) 10 mg.—an antihistaminic tranquilizer beneficial in bronchial asthma and allergy.[1] **Ephedrine sulfate** 25 mg.—to reduce congestion. **Theophylline** 130 mg.—for bronchospasmolysis.

"Superiority of [MARAX] seems attributable to the inclusion in it of hydroxyzine in place of the conventional barbiturates."[2] In a series of patients generally refractory to the usual antiasthmatics, and who required steroids in order to obtain temporary relief, 70% showed good to excellent symptomatic relief with MARAX. Patients "...slept more comfortably and breathed more easily. The characteristic asthma wheeze was either markedly reduced or entirely relieved."[3]

If your asthma patients do not respond to standard therapy, they may need the "little MORE" that MARAX offers.

MARAX®

Usual adult dosage: one tablet 2 to 4 times daily. Full prescription information on request. Supplied: Bottles of 100 light blue, scored tablets. Prescription only.

References: 1. Santos, I. M. H., and Unger, L.: Ann. Allergy 18:172 (Feb.) 1960. 2. Charlton, J. D.: Ann. Allergy, in press. 3. Shaftel, H. E.: Clin. Med. 7:1841 (Sept.) 1960.

Rx only

New York 17, N. Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being®

Stay out of politics?

By Edward R. Annis, M.D.

"I'm opposed to the way the A.M.A. is always getting us doctors into politics. If we'd all simply go back to the basic principles of taking good care of people, we wouldn't have to worry about the socialization of medicine. The people would reject it soon enough!" That's what a colleague told me recently during a coffee break between operations.

I think he's off base. It's not the A.M.A. that's got us into politics; it's the *politicians*. For the past eighteen years they've been trying to socialize U.S. medical practice. First they tried to establish national compulsory health insurance through the Wagner-Murray-Dingell bill. This was clearly socialized medicine, and the public refused to accept it. But politicians with the gleam of social change in their eyes are a persistent bunch: The bill has been introduced in one version or another in every Congress since 1943.

Aimé Forand is another politician who's helped force medicine into politics. The bill he introduced in 1957 had built-in popular appeal. It would have provided hospital, surgical, and nursing-home care for beneficiaries of Social Security. Rather ingeniously,

it also provided a potent weapon to divide and conquer the medical profession itself: Surgeons were to be paid for their services but not medical men.

I was told privately that the Forand bill was intentionally written this way so that doctors would start arguing among themselves, and all doctors would soon demand similar payments. Actually, the bill didn't get very far: During the 85th and 86th Congress, the A.M.A., now "in politics" in earnest, helped oppose this socialistic measure. It was finally defeated.

The present Administration's Anderson-King bill is another example of the attempts by political leaders to use medicine for political ends. Under its provisions, hospitals would *sell* professional medical services. It too has a carefully contrived divide-and-conquer approach aimed at widening the gap between physicians and hospitals. The bill promises Federal compensation to hospitals for services rendered by interns, residents, and other salaried staff doctors. Once established, such a bill would naturally provide the framework for later expansion of the program in all directions.

But Congressional leaders aren't the only ones involving you in politics by promoting socialized medicine. A recent Socialist Party publication states in part:

"We can do everything possible to encourage Federal intervention in the financing of medical costs on a bit-by-bit basis. And we can work to direct such intervention so that if it isn't socialized medicine proper, at least it paves the way for socialized medicine."

Organized labor is another powerful influence on our profession. The greatest single force in getting President Kennedy nominated last year was the arrogant voice of labor leaders vowing they'd elect a candidate who would do their bidding. And because of political pressures, many of labor's "biddings" have already been written into law.

As far as medicine is concerned, labor has much the same goal as the Socialists. Labor recognizes the great potential-

female adolescence–a period of confusion

Confusion twice confounded surrounds the young girl during puberty. Surely this transition–rapid and in many ways still mysterious–deserves your expert help. When your advice includes the use of Tampax® – the modern tampon method of protection–you are offering the adolescent, in addition, the reassurance of safe, complete, discreet menstrual hygiene.

Tampax is frictionless and nonirritating. It will not cause erosion or block the menstrual flow. Because Tampax provides *internal* protection, it does not favor the development of odor or establish a bridge for the entry of pathogenic bacteria. Tampax *does* afford easy management, easy disposal. And since wide clinical evidence confirms that virginity is not a contraindication to its use, Tampax is suitable for every age of the menstrual span. Youngsters especially appreciate Tampax at gym and swim time. There are no encumbrances to interfere with activity or to cause embarrassment. The older girl favors Tampax because of the social poise it makes possible, despite "the time of the month." Tampax is available in three absorbencies to meet varying requirements.

Why not suggest "Tampax" to the teenage patient? Its matter-of-fact simplicity, safety and security are outstanding features–sure to be welcome now and in the years ahead. Tampax Incorporated, Palmer, Mass.

Hypertension of 7 years' duration yields to Ser-Ap-Es

Photo used with patient's permission.

Combination brings blood pressure down after other agents fail—During the past 7 years, Mrs. E. A.'s hypertension gradually advanced in severity. In 1956 and 1957 multiple retinal hemorrhages occurred in the right eye, and vision in this eye deteriorated. Retinopathy advanced to Grade III; EKG showed left ventricular hypertrophy; renal studies showed increasing involvement.

A wide variety of antihypertensive agents (including ganglionic blockers) failed to stabilize blood pressure at satisfactory levels or caused troublesome side effects.

When therapy with Ser-Ap-Es was started, Mrs. A.'s blood pressure (sitting and standing) was 230/120 mm. Hg. With Ser-Ap-Es, blood pressure (sitting and standing) has now been reduced to 190/90, and Mrs. E. A. enjoys a measure of control that had not been achieved with previous agents.

Because it provides 4 actions—central, cardiac, renal and vascular—in one convenient tablet, Ser-Ap-Es can help you bring more of your hypertensive patients under control.

SUPPLIED: *Tablets* (salmon pink), each containing 0.1 mg. Serpasil, 25 mg. Apresoline hydrochloride, and 15 mg. Esidrix.

For complete information about Ser-Ap-Es (including dosage, cautions, and side effects), see Physicians' Desk Reference or write CIBA, Summit, N. J. 2/2923MX

SERPASIL® (reserpine CIBA)
APRESOLINE® hydrochloride (hydralazine hydrochloride CIBA)
ESIDRIX® (hydrochlorothiazide CIBA)

The actions of Serpasil,® Apresoline® and Esidrix® in a single tablet:

CIBA

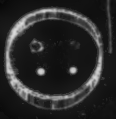
ity for votes in a political offering of socialized medical care to the American people. To reach this goal, it has printed and distributed countless distortions, half-truths, and downright lies that discredit our profession. Its efforts to show up the A.M.A. have been partially successful, not only with the general public, but also with many doctors who are too busy to check the facts.

Only last month, Jimmy Hoffa stated that he was going into politics, and within a few years he'd "control the nation." Can anyone honestly believe that men of his ilk are interested in the freedom of the individual when they propose health legislation?

Stay out of politics? I say no. We must become informed and active in the business affairs of government. If *we* don't help run government, it's soon going to be running us!

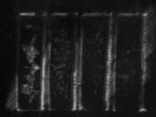
new Azo-Mandelamine

in common lower urinary infections

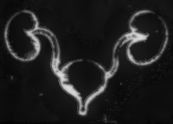


controls urinary infection without producing resistant mutants

relieves urinary pain in 30 minutes



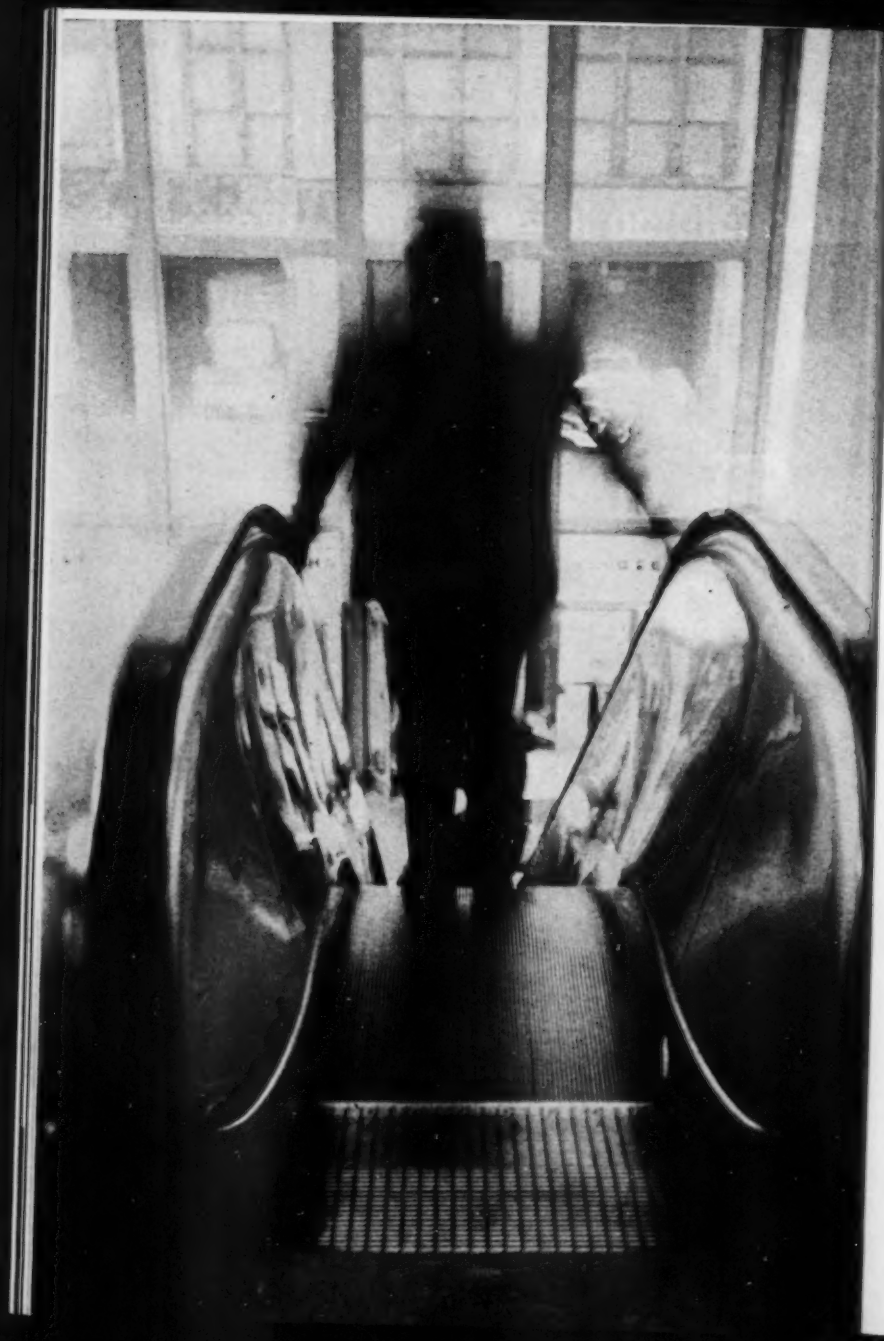
effective against most urinary pathogens



active only in the urinary tract

sensitization and other systemic reactions do not develop

well tolerated



FOR THE HYPERTENSIVE...

HYPERTENSIVE INVALIDISM:

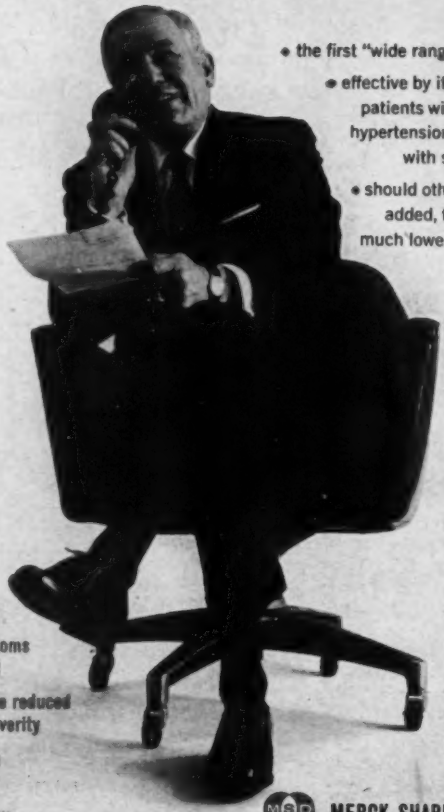
headache
dizziness
palpitations
tachycardia
anginal pain
anxiety
organic changes
edema
restricted salt intake

THE DIFFERENCE

LIFE BECOMES MORE LIVABLE WHEN YOU PRESCRIBE

DIUPRES®

DIURIL® (CHLOROTHIAZIDE) **WITH RESERPINE**



- the first "wide range" antihypertensive
- effective by itself in a majority of patients with mild or moderate hypertension, and even in many with severe hypertension
- should other drugs need to be added, they can be given in much lower than usual dosage

DIUPRES-250
250 mg. DIURIL chlorothiazide, 0.125 mg. reserpine per tablet. One tablet one to four times a day.*

DIUPRES-500
500 mg. DIURIL chlorothiazide, 0.125 mg. reserpine per tablet. One tablet one to three times a day.*

*It is essential to reduce the dosage of other antihypertensive agents, particularly the ganglion-blockers, by at least 50 per cent immediately upon addition of these agents or of Diupres Tablets to the regimen.

Before prescribing or administering DIUPRES, the physician should consult the detailed information on use accompanying the package or available on request.

MORE NORMAL LIFE:

- hypertensive symptoms are usually relieved
- anginal pain may be reduced in incidence and severity
- anxiety and tension are usually allayed
- organic changes may be arrested or reversed
- dietary sodium can usually be liberalized

S DIUPRES

MSD **MERCK SHARP & DOHME**
DIVISION OF MERCK & CO., Inc., WEST POINT, PA.

DIUPRES AND DIURIL ARE TRADEMARKS OF MERCK & CO., INC.

When there's a pram in her future,

Soon she'll feel the first vague stirrings of new life. And, now, a glass of warm milk does seem to help. It reassures somehow. ▪ But there's much more to it than soothing psychology, isn't there? For it *is* a time for stepped-up calcium intake. Not to mention iron, and the other nutrients she'll draw on. ▪ And this is when Pramilets are in order. Filmtab Pramilets give little mother a significant dosage of phosphorus-free calcium. And, to its already comprehensive formula, Pramilets now adds *more* iron (easily-tolerated ferrous fumarate) . . . *more* Vitamin C . . . *more* Vitamin B_6. ▪ New, improved formula and all, the Pramilets Filmtab is as easy to swallow as ever. The size hasn't changed. Only the potency.

she'll need Filmtab® Pramilets®..

Comprehensive vitamin-mineral support with just 1 Filmtab daily

Each Pramilets Filmtab represents:

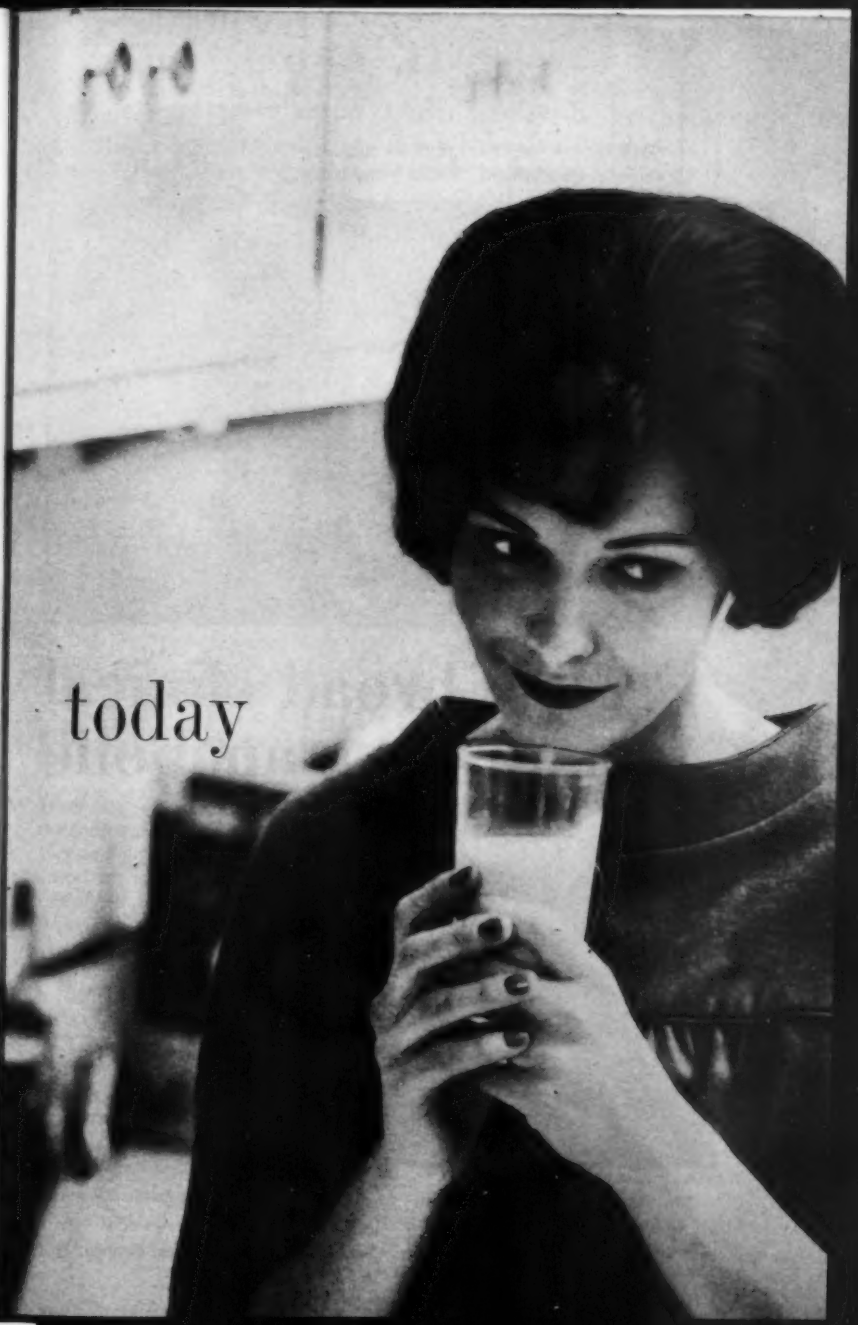
Vitamin A (4000 units)	1.2 mg. (1 MDR*)
Vitamin D (400 units)	10 mcg. (1 MDR)
Thiamine Mononitrate	3 mg. (3 MDR)
Riboflavin	2 mg. (1⅔ MDR)
Nicotinamide	10 mg. (1 MDR)
Ascorbic Acid (C)	60 mg. (2 MDR)
Pyridoxine Hydrochloride	3 mg.†
Cobalamin (Vit. B_{12})	3 mcg.
Calcium Pantothenate	1 mg.††
Calcium Carbonate, U.S.P.	625 mg.
[Calcium	250 mg. (¼ MDR)]
Ferrous Fumarate	120 mg.
[Iron	40 mg. (2⅔ MDR)]
Magnesium (as oxide)	0.15 mg.
Zinc (as oxide)	0.085 mg.††
Molybdenum (as ammonium molybdate)	0.2 mg.††
Iodine (as calcium iodate)	0.1 mg. (1 MDR)
Copper (as chloride)	0.15 mg.

*MDR—MINIMUM DAILY REQUIREMENT FOR PREGNANCY
†RECOMMENDED DAILY REQUIREMENT NOT ESTABLISHED
††SUPPLEMENTAL NEED IN HUMAN NUTRITION NOT ESTABLISHED
®FILMTAB—FILM-SEALED TABLETS, ABBOTT.

ALSO NOW AVAILABLE: PRAMILETS-F **(Rx ONLY) WITH FOLIC ACID**

ABBOTT

304221


today

SEVERE DEBILITY

DURABOLIN improves outlook and appetite, stabilizes protein and mineral metabolism, arrests weight loss, restores strength, vitality.

The broad clinical long-acting anabolic

BEFORE AND AFTER SURGERY

DURABOLIN fortifies the "poor risk" patient, checks nitrogen loss, hastens tissue repair.

Organon

For comprehensive literature, write **Organon Inc., West Orange, N.J.**

INOPERABLE MAMMARY CARCINOMA
In patients responsive to anabolic (androgenic) therapy, DURABOLIN helps reduce pain, improves outlook.

OSTEOPOROSIS
DURABOLIN helps relieve pain, increase mobility through remineralization and reconstruction of the skeletal protein matrix.

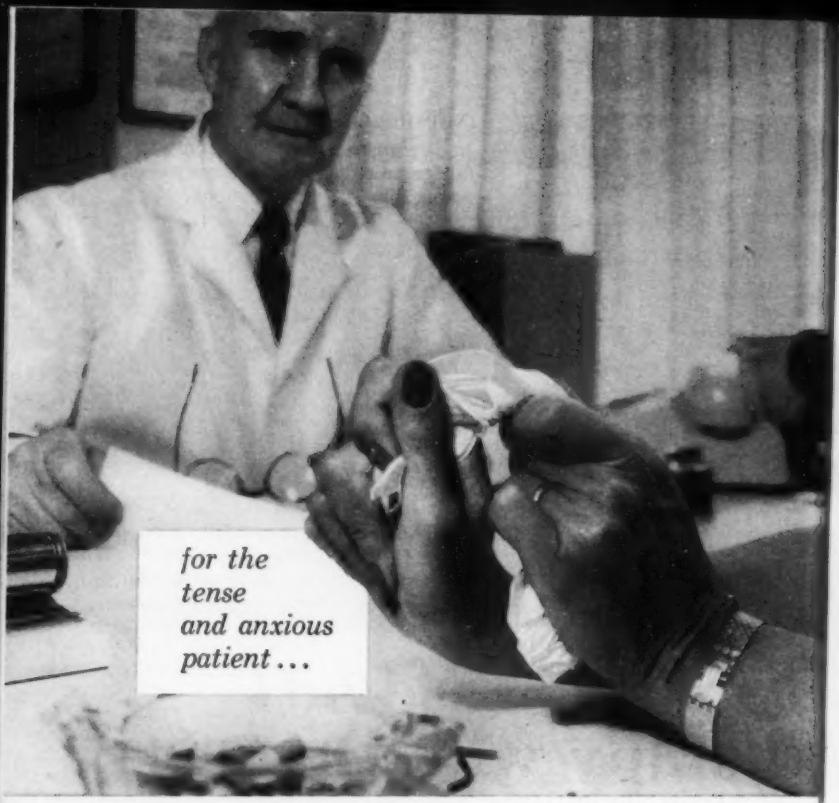
usefulness of therapy with DURABOLIN®

DURABOLIN (nandrolone phenpropionate) is a potent long-acting anabolic stimulant. In many types of illness and injury, DURABOLIN helps speed recovery by reversing catabolic processes, rapidly establishing positive nitrogen balance. A single intramuscular injection weekly or bi-weekly for 12 weeks provides effective anabolic stimulation with little risk of virilizing or hepatotoxic effects. And, because long-acting DURABOLIN is given parenterally, you can be certain your patient has received the correct dose, observe his progress directly.

Dosage: Adults: 50 mg., then 25 to 50 mg., i.m., weekly for twelve weeks. Children: 2-13 years—25 mg., i.m., every 2 to 4 weeks. Infants: half children's dose.

Supplied: DURABOLIN (25 mg./cc.) 5-cc. vials, 1-cc. ampuls (box of 3). DURABOLIN-50 (50 mg./cc.) 2-cc. vials.

UNDERWEIGHT CHILDREN
DURABOLIN helps increase appetite, strength and vitality, stimulates gains in solid, muscular weight and height.



the only sustained-release tranquilizer that does not cause autonomic side reactions

- SAFE, CONTINUOUS RELIEF of anxiety and tension for 12 hours with just one capsule—without causing autonomic side reactions and without impairing mental acuity, motor control or normal behavior.
- ECONOMICAL for the patient—daily cost is only a dime or so more than for barbiturates.

Meprospan®-400

400 mg. meprobamate (Miltown®) sustained-release capsules

Usual dosage: One capsule at breakfast lasts all day; one capsule with evening meal lasts all night.

Available: *Meprospan-400*, each blue-topped capsule contains 400 mg. Miltown (meprobamate). *Meprospan-200*, each yellow-topped capsule contains 200 mg. Miltown (meprobamate). Both potencies in bottles of 30.

WALLACE LABORATORIES / *Cranbury, N. J.*

CME-4233

Professional briefs

Medical Economics, August 14, 1961

THEY'RE CRACKING DOWN HARD ON DOCTORS who turn in fraudulent injury reports in New York. So far, the state Board of Regents has revoked the licenses of nine physicians for filing such reports and suspended those of seven others. It's also reported 20 such doctors to the district attorney for possible criminal action.

HAS THE MALPRACTICE THREAT MADE YOU LEERY of certain procedures? Many M.D.s claim it has. Retorts Attorney Melvin Belli: "If any doctor reacts that way, I'd say his patients are better off if he doesn't try those procedures."

COMPARE YOUR FEE FOR A CHECK-UP with those of several hundred G.P.s and internists recently surveyed by this magazine. The typical G.P. charges $13 and spends three-quarters of an hour on a check-up. The typical internist charges about $34 and spends an hour and 20 minutes.

DO TYPED COLLECTION LETTERS PULL BETTER than printed or mimeo'd ones? Not appreciably, says the American Collectors Assn. Its new study shows that typed letters bring in only 0.6% more.

WHEN YOU TESTIFY as an expert witness, advises trial judge Irving Goldstein, don't overstate

your medical background, or the opposing lawyer may make mincemeat of you. He cites as an example a surgeon who boasted of being on the staffs of several hospitals. He was ruined as a witness, Goldstein says, when cross-examination showed he'd operated at none of them for years.

WHAT'S CLOSED-PANEL PRACTICE LIKE? In one H.I.P. group, the typical doctor is assigned about 1,350 patients, must spend 25½ hours a week on office visits, gets a $13,000 starting salary.

IF YOUR WEIGHT-CONSCIOUS PATIENTS are looking for a lift, they'll be interested in a new mixture Smirnoff is ballyhooing this summer called Weight Lifter (vodka with Metrecal).

WHICH SPECIALTIES ARE OVERCROWDED? A new study by this magazine reveals there are about 1.5 times as many orthopedic surgeons and psychiatrists as the U.S. population can comfortably support in private practice. There is a slight excess of pediatricians.

WHAT'S IN YOUR MAIL: The average M.D. got less mail last year from drug firms than any year since 1956, a new study shows. Mail totaled 4,089 pieces, 20% of which were drug samples.

ANEMIA?

Your examination strongly suggests patient anemia. Here's how you can have on-the-spot, laboratory-accurate hemoglobin determinations to confirm your clinical diagnosis.. and check the effectiveness of progressive treatments.

AO Hb METER! You or your nurse can make hemoglobin determinations in less time than it takes to make an oral temperature reading. Pocket size...use it at hospital, office or bedside. Used by doctors over four million times last year. Ask your Surgical Supply dealer for a demonstration or write:

American Optical COMPANY

INSTRUMENT DIVISION, BUFFALO 15, NEW YORK

Dept. V-126

Please send me complete information on the AO Hb Meter.

Name_____

Address_____

City_____ Zone____ State____

IN CANADA write—American Optical Company Canada Ltd., Box 40, Terminal A, Toronto, Ontario

Her hunger

is "liquidated"... but her appetite survives!

Mealtime *hunger* reflects a physiological need quickly satisfied by food—liquid or solid.

But *appetite* represents a psychological need which is often the obese patient's biggest problem. Measures that satisfy hunger alone are not enough. Mealtimes rapidly become tedious on unnatural diets... and high calorie snacks, between-meal nibbling, and refrigerator raiding provide an appetizing consolation! When appetite survives, willpower soon vanishes.

You can help her *satisfy* her *appetite* as well as her hunger... and still be sure of

SUSTAINED WEIGHT CONTROL

by prescribing Biphetamine or Ionamin. A single capsule dose appeases appetite for 10-14 hours. Your patient enjoys normal food (in lesser quantities) while better eating habits and proper weight are gradually established and maintained.

If She's "Sedentary"

BIPHETAMINE®

A "STRASIONIC" ANORETIC RESIN

BIPHETAMINE '20' (20 mg.)

BIPHETAMINE '12½' (12.5 mg.) **BIPHETAMINE '7½'** (7.5 mg.)

Each capsule of each strength contains equal parts of d-amphetamine and dl-amphetamine as cation exchange resin complexes of sulfonated polystyrene.

If She's "Active"

IONAMIN®

A "STRASIONIC" ANORETIC PHENTERMINE RESIN

IONAMIN '30' (30 mg.)

IONAMIN '15' (15 mg.)

Each capsule of each strength contains phentermine as a cation exchange resin complex of sulfonated polystyrene.

If She's "Refractory"

NEW BIPHETAMINE-T

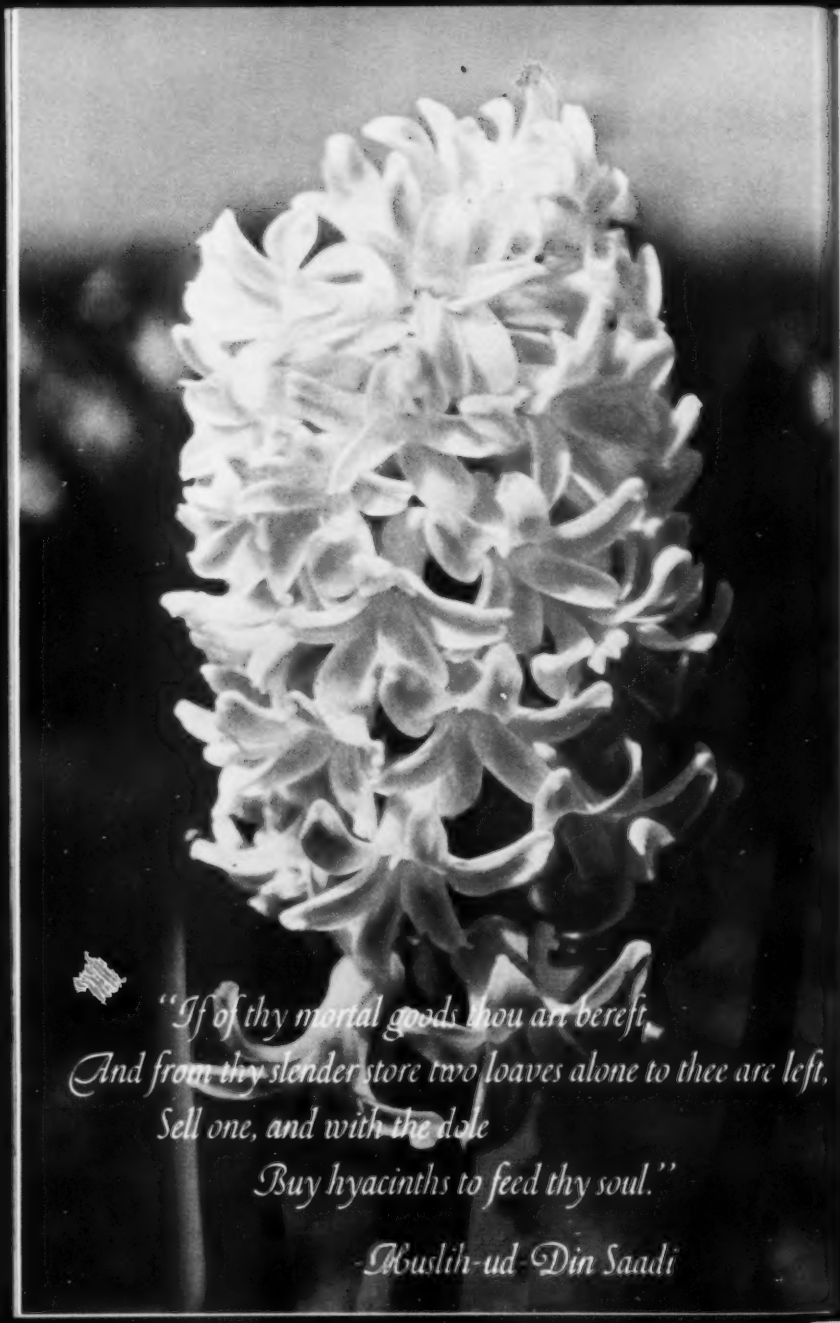
A "STRASIONIC" ANORETIC RESIN

BIPHETAMINE-T '20' **BIPHETAMINE-T '12½'**

Each capsule of each strength contains Tuazole® and equal parts of d-amphetamine and dl-amphetamine—all as cation exchange resin complexes of sulfonated polystyrene.

Single Capsule Daily Dose 10 to 14 hours before retiring

STRASENBURGH


"If of thy mortal goods thou art bereft,
And from thy slender store two loaves alone to thee are left,
Sell one, and with the dole
Buy hyacinths to feed thy soul."
-Muslih-ud-Din Saadi

Upjohn

Brief Basic Information

Provera

	❶ Oral Provera*	⟵ I.M. Depo-Provera**
Description:	Upjohn brand of medroxyprogesterone acetate.	Each cc. contains: Medroxyprogesterone acetate.....50 mg. Polyethylene glycol 4000.....28.8 mg. Polysorbate 80....1.92 mg. Sodium chloride 8.65 mg. Methylparaben...1.73 mg. Propylparaben...0.19 mg. Water for injection....q.s.
Indications:	Threatened and habitual abortion, infertility, secondary amenorrhea, functional uterine bleeding.	Threatened and habitual abortion, endometriosis.
Dosage: Threatened abortion	10 to 30 mg. daily until acute symptoms subside.	50 mg. I.M. daily while symptoms are present, followed by 50 mg. weekly through 1st trimester, or until fetal viability is evident.
Habitual abortion 1st trim.	10 mg. daily	50 mg. I.M. weekly
2nd trim.	20 mg. daily	100 mg. I.M. q. 2 wks.
3rd trim.	40 mg. daily, through 8th month.	100 m.g. I.M. q. 2 wks. through 8th month.
Supplied:	2.5 mg. scored, pink tablets, bottles of 25; 10 mg. scored, white tablets, bottles of 25 and 100.	Sterile aqueous suspension for intramuscular use only, 50 mg. per cc., in 1 cc. and 5 cc. vials.

Precautions: Clinically, Provera is well tolerated. No significant untoward effects have been reported. Animal studies show that Provera possesses adrenocorticoid-like activity. While such adrenocorticoid action has not been observed in human subjects, patients receiving large doses of Provera continuously for prolonged periods should be observed closely. Likewise, large doses of Provera have been found to produce some instances of female fetal masculinization in animals. Although this has not occurred in human beings, the possibility of such an effect, particularly with large doses over a long period of time, should be considered. Provera, administered alone or in combination with estrogens, should not be employed in patients with abnormal uterine bleeding until a definite diagnosis has been established and the possibility of genital malignancy has been eliminated.

The Upjohn Company, Kalamazoo, Michigan

*TRADEMARK REG. U.S. PAT. OFF. **TRADEMARK

Didrex**

Description: Didrex is the Upjohn brand of benzphetamine hydrochloride[(+)-N-benzyl-N,α-dimethyl-phenethylamine hydrochloride]. A sympathomimetic compound with marked anorectic action and relatively little stimulating effect on the CNS or cardiovascular system.

Indications: Control of exogenous obesity.

Contraindications: None known to date. However, use with caution in moderate or severe hypertension, thyrotoxicosis, acute coronary disease, or cardiac decompensation.

Dosage: Initiate appetite control with ½ to 1 tablet (25 to 50 mg.) in mid-morning or mid-afternoon, according to the patient's eating habits for several days. Then "adjust" dosage to suit each patient's needs to a maximum of 3 tablets daily (150 mg.).

Side Effects: No effects on blood, urine, renal or hepatic functions have been noted. Minimal side effects have been observed occasionally: dry mouth, insomnia, nausea, palpitations and nervousness.

Supplied: 50 mg., benzphetamine hydrochloride, press-coated, scored tablets, bottles of 100 and 500.

Monase*

Description: Monase is etryptamine acetate, a unique non-hydrazine compound, developed in the Upjohn Research Laboratories.

Indications: Various depression states: manic-depressive reaction, depressed type; involutional psychotic reactions with depressed features; psychotic depressed reactions; psychoneurotic depressive reactions; psychiatric disorders with prominent depressive symptoms or features; transient situational personality disorders with pathological depressive features.

Dosage: 30 mg. daily in divided doses. Initial benefit may be observed within 2-3 days, but maximum results may not be apparent until after 2 or more weeks. Adjustment of dose to individual response should be effected in increments or decrements of 15 mg. daily at weekly intervals. The daily maintenance dose ranges between 15 and 45 mg. In schizophrenics, 30 mg. daily may be useful as an adjunct in activating these patients or brightening their mood.

Contraindications and Precautions: There are no known absolute contraindications to Monase therapy. However, the drug should be used with caution in schizoid or schizophrenic patients, paranoids, and in patients with intense anxiety, as it may contribute to the activation of a latent or incipient psychotic process. Patients with suicidal tendencies should be kept under careful observation during Monase therapy until such time as the self-destructive tendencies are brought under control.

Patients who are on concomitant antihypertensive therapy should be watched carefully for possible potentiation of hypotensive effects. Added caution should be employed in patients with cardiovascular disease in view of the occasional occurrence of postural hypotension, and the possibility of increased activity as a result of a feeling of increased well being.

Despite the fact that liver damage or blood dyscrasias have not been reported in patients receiving Monase, as is the case with any new drug, patients should be carefully observed for the development of these complications. Monase should probably not be used in patients with a history of liver disease or abnormal liver function tests. Also the usual precautions should be employed in patients with impaired renal function, since it is possible that cumulative effects may occur in such patients.

Monase should be employed with caution in patients with epilepsy since the possibility exists that the epileptic state may be aggravated. Also because of its autonomic effects, therapy with Monase may aggravate glaucoma or may produce urinary retention. Monase must not be administered concomitantly with imipramine. In patients receiving Monase, caution should be employed in administering the following agents or related compounds in view of possible lowering of the margin of safety: meperidine, local anesthetics (procaine, cocaine, etc.), phenylephrine, amphetamine, alcohol, ether, barbiturates or histamine.

Toxicity and Side Effects: The side effects observed in patients on Monase therapy in general have been mild and easily managed by symptomatic therapy or dose reduction. If such side effects persist or are severe, the drug should be discontinued. Alterations in blood pressure, usually in the form of postural hypotension, or more rarely, an elevation of blood pressure have been reported. Other side effects include allergic skin reactions and drug fever and those that appear to be dose related since they are more likely to occur when the daily dose exceeds 60 mg. These are nausea and gastrointestinal upset, headache, vertigo, palpitation, dryness of the mouth, blurred vision, overstimulation of the central nervous system, restlessness, insomnia, paradoxical somnolence and fatigue, muscle weakness, edema, and sweating. Following sudden withdrawal of medication in patients receiving high doses for a prolonged period, there may occur a "rebound" withdrawal effect which is characterized by headache, central nervous system hyperstimulation and occasionally hallucinations.

Supplied: Monase, compressed tablets, 15 mg. in bottles of 100.

Upjohn

objective:

full term fetus

complication:

threatened abortion

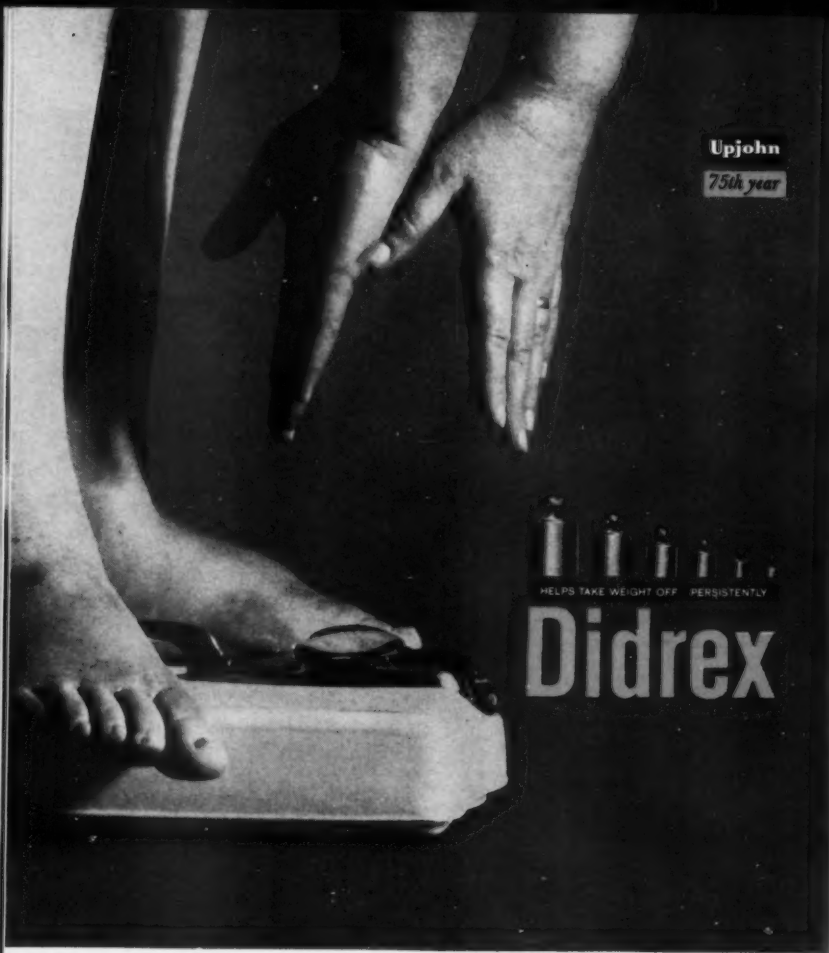
indicated:

Provera

Here are four reasons why:

- Provera is the only commercially-available oral progestational agent that will maintain pregnancy in critical tests in ovariectomized animals.
- No significant side effects have been encountered.
- It is available for both oral and parenteral administration.
- Provera gives the economy of effective action from small doses.

See facing page for description, indications, dosage, precautions, side effects, and how supplied.



Didrex doesn't perform miracles, it just helps the obese patient do it herself. The reason is simple: persistent, significant loss of weight up to 30 weeks in reported cases, helps to preclude the "weight plateau" that so often discourages dieters after a few weeks. Thus, time and will become your allies in changing the patient's dietary habits built over months or years of weight accumulation. Didrex may be used in closely supervised diabetic, coronary insufficient, and hypertensive patients.

For description, indications, dosage, precautions, side effects, and how supplied, see page 38.

References: 1. Stough, A. R.: Weight loss without diet worry: use of benzphetamine hydrochloride (Didrex). Journal of the Oklahoma State Medical Association, 53: 760-767 (November) 1960. 2. Oster, H., and Medlar, R.: A clinical pharmacologic study of benzphetamine (Didrex), a new appetite suppressant. Arizona Medicine, 17: 398-404 (July) 1960. 3. Simkin, B., and Wallace L.: A controlled clinical trial of benzphetamine (Didrex). Current Therapeutic Research, 2: 33-38 (February) 1960.

The magic touch

By Alfred P. Ingegno, M.D.

Watching experienced doctors in action, we often learn a lot about the nuances of the doctor-patient relationship. Take my internist-friend, Marty Allen. (I'll not embarrass him by giving his real name.) What he did on rounds the other day was a perfect example of "the magic touch" in medicine.

Mrs. Armstrong's pains were caused by gallstones. Marty explained this to her and told her she needed a gall bladder operation. She was obviously worried and afraid.

"Is it a serious operation, Doctor?"

"Every operation is potentially serious, Mrs. Armstrong," said Marty. "Even the simple lancing of a boil. What you really want to know is how will it work out with you. I expect it to work out fine. You're in good general condition, and you'll have an excellent surgeon. I'd say the odds are better than twenty to one that the operation will be successful."

Much relieved, Mrs. Armstrong began to brighten. Then Marty added the finishing touch: "A betting man at the race track would be pretty happy with odds like that working for him."

Mrs. Armstrong is going to the operating room in a good frame of mind. And why not? Although she

knows the operation is serious and carries a definite risk, what she remembers most vividly are the odds working *for* her. Dr. Allen's approach was sanguine and constructive.

You can give preoperative psychological support of this sort without lying—and without guarantees. And in this era of acute professional liability, note that Mrs. Armstrong's original "consent" was transformed into "consent with understanding." Of course, the magic touch involves not only *what* is said but *how* it is said. In this instance there was an unhurried attitude of absolute confidence and authority in Marty Allen's explanation.

What lessons in human relations have *you* learned while watching experienced doctors at work? I'll welcome further examples of the magic touch. What are the magic words, for instance, that should be used in situations like these?

Your patient is going to die. You know he should straighten out his affairs. How do you get this across without an out-and-out death sentence?

A newborn baby dies. What do you say to the parents?

Your patient has just died. The nearest of kin is riven by grief. How do you bring up the question of getting his permission for an autopsy without seeming crass and cruel?

Your patient's illness seems to have been misdiagnosed and mismanaged by the previous doctor. The patient or a relative brings the subject up. What do you say?

You've just broken a needle in your patient's but-

Put your low-back patient back on the payroll

Soma relieves stiffness –stops pain, too

YOUR CONCERN: Rapid relief from pain for your patient. Get him back to his normal activity, fast!

HOW SOMA HELPS: Soma provides direct pain relief while it relaxes muscle spasm.

YOUR RESULTS: With pain relieved, stiffness gone, your patient is soon restored to full activity—often in days instead of weeks.

Kestler reports in controlled study: *Average time for restoring patients to full activity: with Soma, 11.5 days; without Soma, 41 days. (J.A.M.A. Vol. 172, No. 18, April 30, 1960.)*

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only in higher dosages. **USUAL DOSAGE:** one 350 mg. tablet q.i.d.

The muscle relaxant with an independent pain-relieving action

SOMA®

(carisoprodol, Wallace)

Wallace Laboratories, Cranbury, New Jersey

Dept. S-4, Professional Services Dept.
Wallace Laboratories, Cranbury, N. J.

Gentlemen:

Please send me a physician's sample of Soma.

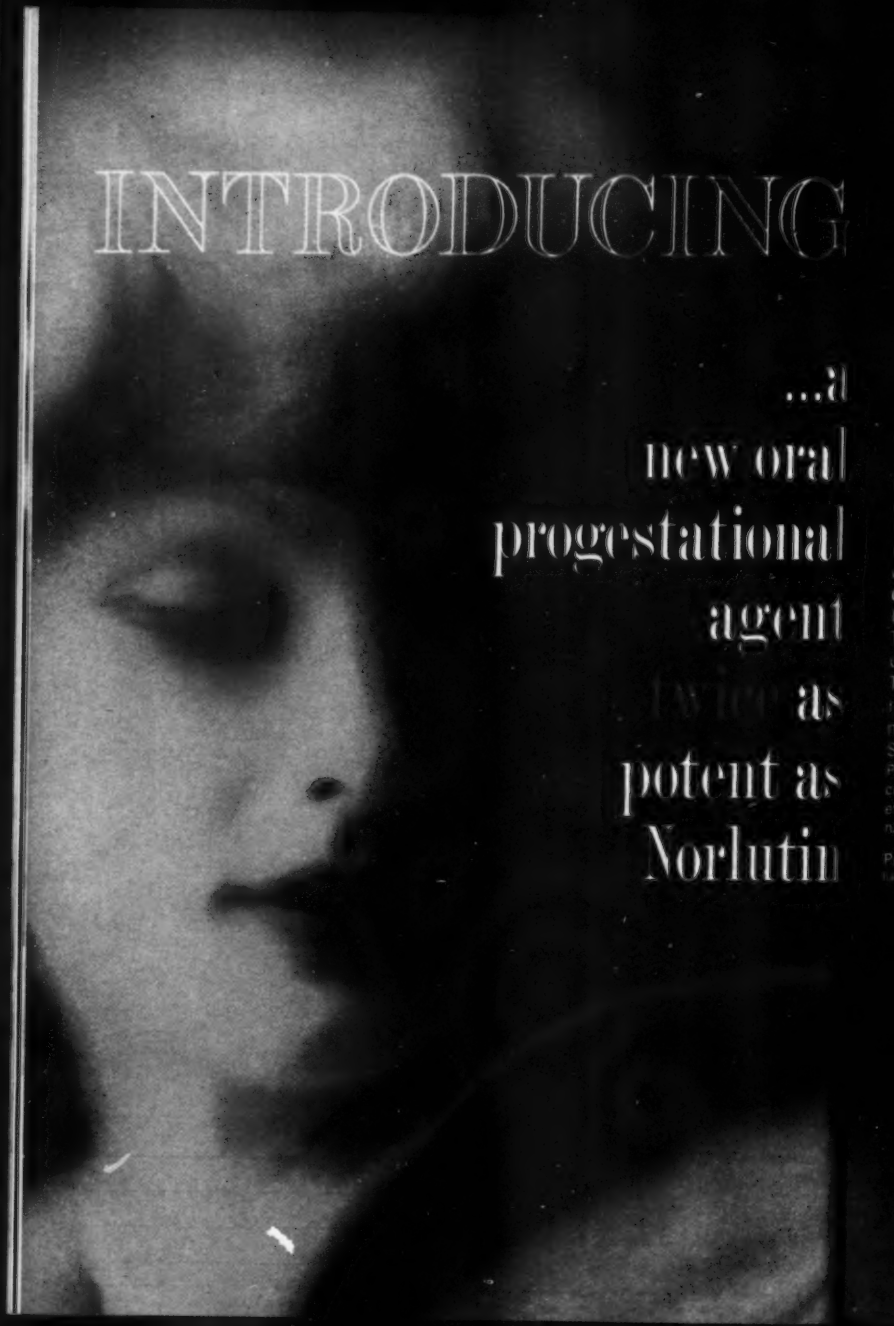
Dr._____

Street_____

City_____ Zone____ State_____

Type of practice_____

1961


INTRODUCING
...a
new oral
progestational
agent
twice as
potent as
Norlutin

XUM

NORLUTATE

for higher progestational efficacy in • amenorrhea • menstrual irregularity • dysmenorrhea • functional uterine bleeding • endocrine infertility • abortion, habitual or threatened • premenstrual tension • endometriosis

chemically... 17-alpha-ethinyl-19-nortestosterone acetate—the acetate ester of norethindrone.

physiologically... an effective progestational agent—in this respect exceeding not only oral ethisterone and parenterally administered progesterone but norethindrone as well. Indeed, neither NORLUTATE nor its parent product Norlutin® (norethindrone, Parke-Davis) is exceeded in potency by any other oral progestational agents, as determined by clinical assay.

clinically... makes oral progesterone replacement therapy more effective in lower dosage by providing a milligram for milligram potency approximately twice that of norethindrone.* Thus NORLUTATE offers a superior means of promptly offsetting endogenous progesterone deficiency. May also be used as a test for pregnancy.

Therapy with NORLUTATE should be adapted to the specific indication and therapeutic response of the individual patient. Suggested dosages are based on experience with both norethindrone and NORLUTATE and take account of the increased potency of the latter. See medical brochure for details of administration and dosage.

PRECAUTIONS: The parent substance, norethindrone, has been reported as associated with masculinization of the female fetus, voice changes, hirsutism, and acne, and the possibility of such effects with NORLUTATE should be considered. Mild side effects such as transient lethargy and nausea have been reported. Spotting before calculated onset may indicate insufficient dosage.

PACKAGING: 5-mg. scored tablets, bottles of 30.

PARKE-DAVIS

*[illegible], unpublished reports cited by Werner Boschann, H.: Ann. New York Acad. Sc. 71:727-752, 1958.

tock, or discovered you've left a hemostat in the patient's abdomen at operation, or ruptured the esophagus during esophagoscopy. How do you break the news to the patient, to the spouse, to the parent?

Let's hear from you!

The best malpractice defense

Fire and public liability insurance companies do a good job of public education and property inspection to cut down their losses. Life insurance companies push preventive health measures. But what about companies that handle malpractice insurance?

¶ Do they inspect hospitals for malpractice hazards?

¶ Do they educate physicians by direct mail and through county, state, and national medical journals?

¶ Do they send teams of experts to give lively, informative shows at hospitals and medical societies?

¶ Do they tell the public that fear of malpractice suits can have deleterious effects on the quality of American medicine?

¶ Do they try to give lawyers a better understanding of malpractice, so that they won't encourage suits, inadvertently or otherwise?

¶ Do they encourage and support more reasonable malpractice legislation by the various states?

As far as I can see, our malpractice insurance companies aren't doing any of these things. Yet it seems to me that the money they'd jointly spend on such a program would bring huge savings for the carriers—and for the harassed doctors and hospitals, lower premiums and a collective sigh of gratitude.

ARLIDIN IMPROVES HEARING[1]

ARLIDIN IMPROVES HEARING[2]

ARLIDIN IMPROVES HEARING[3]

ARLIDIN IMPROVES HEARING[4]

1

"significant hearing improvement" occurred with Arlidin in 32 of 75 patients with recent onset hearing impairment due to labyrinthine artery ischemia.

Rubin, W. and Anderson, J. R.: Angiology 9:256, 1958.

2

3

Arlidin "appears to be one of the most satisfactory [vasodilators], having the advantages of minimal side effects, being well tolerated and possessing a sustained action" in improving circulation of the inner ear.

Seymour, J. C.: Laryngology & Otology 74:133, 1960.

4

Arlidin is available in 6 mg. scored tablets, and 5 mg. per cc. parenteral solution. See PDR for packaging.

Protected by U.S. Patent Numbers: 2,661,372 and 2,661,373.

XUM

2

vascular insufficiency of the labyrinth is an important etiologic factor in sudden perceptive deafness... "vasodilators [Arlidin] are of considerable value."

Wilmot, T. J. and Seymour, J. C.: Lancet 1:008, 1960.

4

early cases of sudden perceptive deafness should be treated by immediate stellate block "supplemented by the most effective vasodilator drug [Arlidin]... energetic measures to retain blood supply to the inner ear are imperative."

Wilmot, T. J.: J. Laryngology & Otology 73:465, 1959.

impaired hearing
tinnitus
vertigo

when due to ischemia of the inner ear...

arlidin

brand of nylidrin hydrochloride N.N.D.

Clinical benefit in approximately 50% of cases of recent onset hearing loss treated with adequate vasodilator and other supportive therapy is also reported by Sheehy.

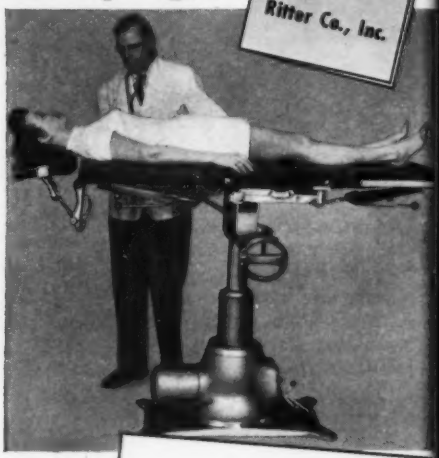
Sheehy, J. L.: Laryngoscope 70:885, 1960.

NOTE—before prescribing Arlidin the physician should be thoroughly familiar with general directions for its use, indications, dosage, possible side effects and contraindications, etc. Write for complete detailed literature.

U. S. vitamin & pharmaceutical corp.
Arlington-Funk Laboratories, division
800 Second Ave., New York 17, N.Y.

Tired of bending and stooping, Doctor?

Here's how RITTER UNIVERSAL TABLE helped your colleagues...



Listen to the men who own a Ritter Universal Table. They'll tell you how a Ritter Table can save your energy, leave you fresher at day's end. The hydraulically elevated Ritter Table floats your patients to the height best suited for you, whether you prefer to work sitting or standing. Tall or short, you treat patients at YOUR OWN COMFORT LEVEL, work better, get more done. See for yourself what your colleagues say . . . write today for reprint of Ritter TABLE SURVEY.

VERBATIM QUOTES FROM NATIONWIDE TABLE SURVEY

"I am 6'4" tall—the table comes up to my level."

"By elevating table I can avoid bending over."

"I'm less tired at the end of the day."

"Easier on my poor old back."

"Best table on the market."

Ritter
COMPANY INC.
ROCHESTER 3, NEW YORK
Medical Division

Kills pain.....stops tension

For neuralgias, dysmenorrhea, upper respiratory distress and postsurgical conditions—new compound of Soma, phenacetin and caffeine gives more complete relief than other analgesics.

Composition: 200 mg. Soma (carisoprodol), 160 mg. phenacetin, 32 mg. caffeine. **Dosage:** 1 or 2 tablets q.i.d. **Supplied:** Bottles of 50 apricot-colored, scored tablets.

Also Available As
SOMA COMPOUND + CODEINE
Soma Compound boosts the effectiveness of codeine. Therefore, SOMA COMPOUND + CODEINE contains only ¼ grain of codeine phosphate to relieve the more severe pain that usually requires ½ grain. Otherwise, its composition—and dosage—is the same as Soma Compound. It is supplied in bottles of 50 white, lozenge-shaped tablets.

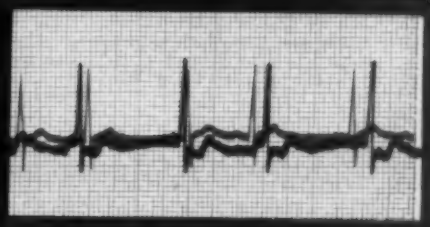
WALLACE LABORATORIES
Cranbury, N. J.

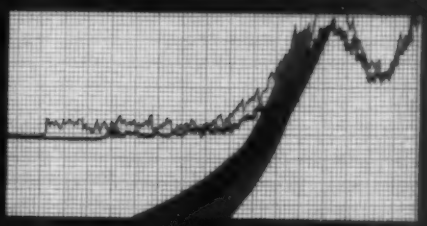
soma® Compound

C50-4864

XUM

compare
the difference



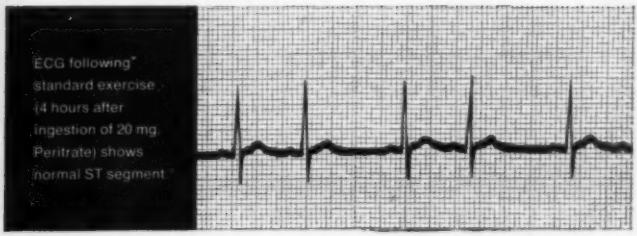


Pentra

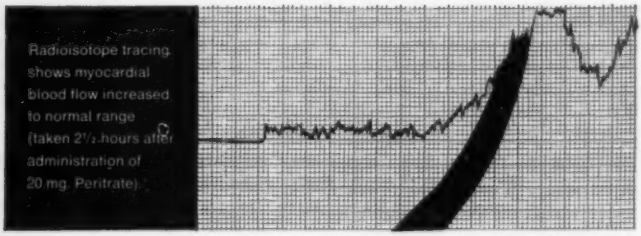
XUM

Peritrate increases myocardial blood flow safely—without significantly changing cardiac output, blood pressure or pulse rate

After Peritrate



After Peritrate



Peritrate®

brand of pentaerythritol tetranitrate

basic therapy in coronary artery disease—with or without angina

*ECG's, radiocardiograms and case histories on file in the Medical Department of Warner-Chilcott Laboratories.

makers of Tedral Gelusil Mandelamine Proloid

WARNER CHILCOTT MORRIS PLAINS, N.J.

Letters

Medical Economics, August 14, 1961

Medical politics

SIRS: Your recent article asked: "How Effective Is Your Medical Society?" I don't think local societies are sufficiently active in national, state, and local politics. How can we expect state and national medical societies to solve problems or give political opinions when local societies don't do a thing?

—Thomas Forker, M.D.
Lebanon, Pa.

SIRS: A few months ago, you quoted a sociologist who said a doctor risks alienating patients if he expounds his views on politics. It's my opinion that this statement should be refuted, or at least corrected. It's the obvious intention of the Socialists to convince doctors *not* to fight for their own cause. Take our local medical society's regular newsgrams to patients for instance. They've generally had good acceptance. Some of our doctors have alienated a few patients (labor leaders, Socialists, and others who wish to disrupt our form of government), but that's the risk we must take in stride. Doctors must speak up if they want to protect themselves from government regimentation.

—Tobias R. Funt, M.D.
Fort Lauderdale, Fla.

SIRS: A recent incident makes me wonder whether it's possible for local societies to be really effective. Our Monroe County (N.Y.) Medical Society held a special meeting to vote on the question of compulsory A.M.A. membership. After a full discussion, we voted almost unanimously against it. Imagine our surprise when, two months later, *our six delegates to the New York State Medical Society voted in favor of compulsory membership.* At the next quarterly meeting of our county society, a near riot ensued when the six delegates explained that they voted that way because they thought it would be good for us!

Our officers then informed us that delegates are not mandated to vote as *we* wish, but may vote as *they* desire. I wonder how many other county societies have had their delegates vote

Notable Success with VISTARIL...

in prepartum tension and anxiety		allays anxiety without impairing ability to cooperate during labor and delivery[1]	reduces narcotic requirements and incidence of narcotic-induced respiratory depression, helps control emesis[1,4]
in the cardiac or the hypertensive patient		allays anxiety without adverse influence on blood pressure[2]	helps correct certain functional arrhythmias, does not increase gastric secretion[2]
in problem drinkers		allays anxiety—makes patient more manageable[3]	produces no significant depression of blood pressure, pulse rate, or respiration. No liver involvement reported
in preoperative tension and anxiety		allays anxiety without depression of vital functions[4]	reduces incidence of narcotic-induced respiratory depression and hypotension, relaxes skeletal muscle, smooths recovery and helps control emesis[4]
in pediatrics		allays tension in agitated, hyperkinetic patients	avoids danger of liver damage or other untoward reactions

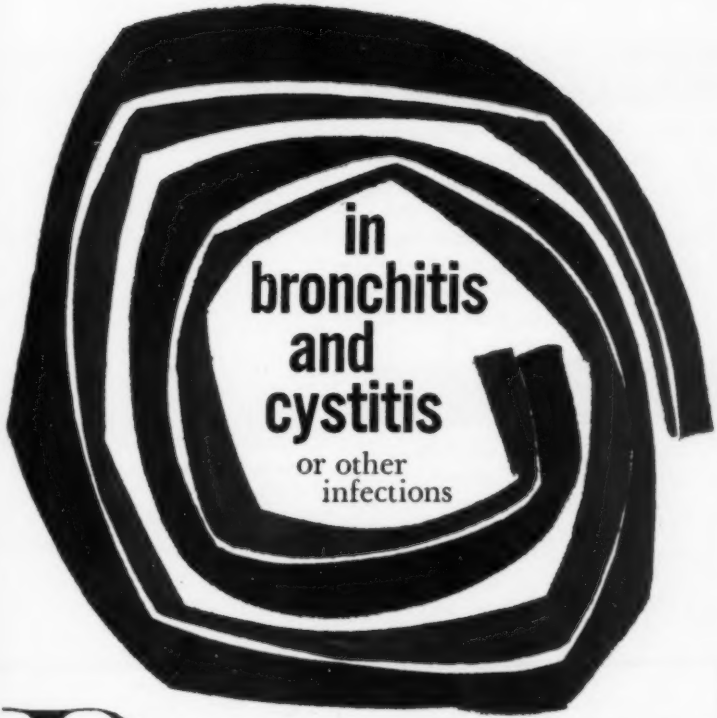
References: 1. Benson, C., and Benson, R. C.: Scientific Exhibit, Illinois Acad. Gen. Practice, Sept., 1960. 2. Salmons, J. A.: Dis. Chest 38:105, 1960. 3. Major, R. A.: GP 21:104, 1960. 4. Grady, R. W., and Rich, A. L.: Scientific Exhibit, Am. Soc. Anesth., New York, Oct. 4-7, 1960.

contrary to the stated wishes of the men they are supposed to represent.

—Hugh E. Pfluke, M.D.
Rochester, N.Y.

Threats to M.D.s' freedom

SIRS: In "Ribicoff Gives You His Federal-Medicine Forecast," the following question and Ribicoff's answer were incorrect: "Q. The Administration's health program for the aged provides hospital and nursing-home benefits but not medical-surgical benefits. Will doctors' services be included later?" "A. . . . I don't think that the health insurance program for the aged should or will be extended to include physicians' services." The Anderson-King Bill, as presently drafted, includes a provision for anesthesiology services as part of the hospital payment. At this time, most physician-anesthes-



antibiotic therapy with an added measure of protection

DECLOMYCIN®

DEMETHYLCHLORTETRACYCLINE LEDERLE

against relapse—up to 6 days' activity on 4 days' dosage
against secondary infection—sustained high activity levels
against "problem" pathogens—positive broad-spectrum antibiosis

CAPSULES, 150 mg., 75 mg.; PEDIATRIC DROPS, 60 mg./cc.; SYRUP, 75 mg./5 cc.

Request complete information on indications, dosage, precautions and contraindications from your Lederle representative or write to Medical Advisory Department.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

after 3 years' clinical experience:

here is what we now know about MER/29 and...

We know that MER/29 lowers cholesterol in 8 out of 10 patients, even without dietary restrictions. In 576 patients studied by various physicians, average cholesterol levels dropped from 303 mg.% to 241 mg.% —an average decrease of 62 mg.%. We know that MER/29 reduces total sterols in both blood and tissue.

We know that MER/29 does this by inhibiting the body's own production of cholesterol.

We know that its use in over 300,000 patients reaffirms the safety margins established in early laboratory and clinical data.

We know that, in some patients, concurrent clinical benefits attend the use of MER/29. Published papers on MER/29 therapy to date report improvement in 50 of the 79 anginal patients reported in these studies, and comparable results are being obtained in similar studies now in progress. Among the other benefits reported are:

decreased incidence and severity of anginal attacks
improved ECG patterns
diminished nitroglycerin dependence
increased sense of well-being

"During triparanol [MER/29] therapy there was a definite improvement in the electrocardiographic tracings in response to exercise in 3 of 11 subjects with angina pectoris."
—*Hollander, W.*, et al.: *J.A.M.A.* 174:*5 (Sept. 3) 1960.*

"Nitroglycerine requirements decreased in 3 [of 5 outpatient] patients, including the patient showing electrocardiographic improvement....Three [of 4 private male patients], after a lapse of some weeks, showed improvement in exercise electrocardiograms, which was sustained but not further improved in subsequent observations."
—*Corcoran, A. C.*, et al.: *Progr. Cardiovasc. Dis.* 2:*(Pt. 1) 576 (May) 1960.*

"Of the 45 patients with coronary artery disease followed for 1 year, 16 had a history of frequent anginal attacks. Fourteen of these spontaneously stated that their angina disappeared within 2 months of [MER/29] therapy.... In one patient...with persistent coronary insufficiency pattern (ST segment depressions in multiple leads), there was a complete reversion to a normal tracing during MER/29 therapy with associated clinical improvement in angina."
—*Lisan, P.: Progr. Cardiovasc. Dis.* 2: *(Pt. 1) 618 (May) 1960.*

.....what we are learning about atherosclerosis

"It has become generally accepted that elevated blood cholesterol or lipid, if sustained long enough, leads to early atherosclerosis."
—Page, I. H.: Mod. Med. 29:71 (Mar. 20) 1961.

Epidemiologic studies show that low cholesterol levels are associated with low incidence of atherosclerosis and coronary artery disease. On the basis of such studies, Stamler has said: "...a 15 to 20 per cent reduction in mean serum cholesterol levels alone might be associated with a 25 to 50 per cent reduction in coronary disease incidence rates in middle-aged men."
—Stamler, J.: Am. J. Pub. Health 50:(Pt. 2) 14 (Mar.) 1960.

Despite our knowledge of the action, benefits and safety of MER/29, much remains to be discovered about the basic concept of cholesterol-lowering therapy. In this, MER/29 is comparable to the well-accepted use of antihypertensive agents: we know they lower blood pressure, but we cannot prove that lowering blood pressure will also lower morbidity or mortality. Yet few physicians hesitate to use these agents. The possible good is too great to ignore.

So it is with MER/29. No one can yet be certain that sustained, effective lowering of total body sterols will prevent or alter atherosclerosis. But the current evidence strongly supports this concept.

Perhaps that's why a growing number of physicians are prescribing MER/29. They wish to assure their hypercholesterolemic, coronary artery disease, and atherosclerotic patients this reasonable hope.

It is a decision facing every physician.

Complete bibliography and prescription information on request.

MER/29
(triparanol)

Merrell
The Wm. S. Merrell Company
Division of Richardson-Merrell Inc.
Cincinnati, Ohio/ Weston, Ontario

TRADEMARK: MER/29®

Still available... write for your copy of this full-length report.

iologists are in private practice and deal directly with patients, both professionally and financially. If the Anderson-King Bill passes, at least 4,000 anesthesiologists and perhaps thousands of other specialists—like pathologists, radiologists, and some psychiatrists—will be forced into an employe relationship with hospitals. From there, it will be only a short step to the inclusion of the rest.

—Wallace M. Shaw, M.D.
Jamaica, N.Y.

SIRS: Ribicoff's forecast shows that the trend toward socialized medicine is strong. Many people feel it's the only cure left for high medical and hospital costs. But if the medical profession and the local communities would face up to the problem of caring for the indigent, people wouldn't want Federal help.

—V. M. Coleman, M.D.
Midland, Texas

Is the doctor at fault?

SIRS: I'm amazed at the number of requests the author says he gets in "How I Answer Re-

patients are happier when doctors choose FLEET ENEMA

Ready-to-Use Squeeze Bottle

Patients prefer the greater simplicity of administration and comfort of FLEET ENEMA as compared to old-style enemas. The *ready-to-use* squeeze bottle eliminates troublesome preparation and cleanup—while insertion is made *easier* and *safer* with the pre-lubricated, anatomically correct 2-inch rectal tube. Disposable feature insures a *sanitary* enema solution *each time*. And FLEET ENEMA *works better* with its 4 fl.oz. of precisely formulated solution than one to two pints of soapsuds enema! Choose FLEET ENEMA next time an enema is indicated—for optimal convenience, effectiveness, and safety. 100 cc. contains 16 Gm. sodium biphosphate and 6 Gm. sodium phosphate in 4½-fl.oz. squeeze bottle. *Pediatric size*, 2¼ fl.oz. *Also available:* FLEET OIL RETENTION ENEMA, 4¼-fl.oz. ready-to-use unit containing Mineral Oil U.S.P. Available at all pharmacies.

C. B. FLEET CO., INC. Lynchburg, Virginia

Fleet

quests for Padded Bills." I can't help wondering whether he subconsciously invites them. My average is less than one request a year for a padded bill.

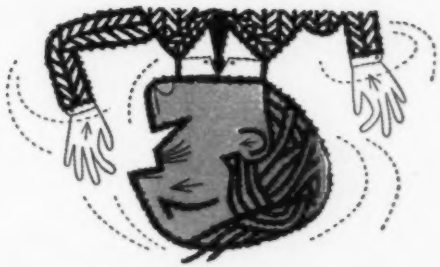
—Thomas M. Haug, M.D.
Rhinelander, Wis.

Outnumbered G.P.s

SIRS: In "Now It's Official: Specialists Outnumber G.P.s," the G.P.-specialist ratio you quote is ridiculous. Out here, we have ten or fifteen G.P.s to one specialist. This seems to be a sound and equitable ratio.

—Gerald J. Kohne, M.D.
Decatur, Ind.

SIRS: A lot of us who have been dedicated general practitioners for a long time are now thinking seriously of taking up a specialty because of the hospital situation. More and more, the G.P. is prevented from fully caring for his patients because



vertigo is reversible

Antivert® stops vertigo

moderate to complete relief of symptoms in 9 out of 10 patients[1]

Prescribe one ANTIVERT tablet (or 1-2 teaspoonfuls ANTIVERT syrup) 3 times daily, before each meal, for prompt relief of vertigo, Meniere's syndrome and allied disorders. Side effects are short-lived, usually only harmless flushing and tingling associated with vasodilation. As with all vasodilators, ANTIVERT is contraindicated in severe hypotension and hemorrhage.

Supplied: Small blue-and-white scored tablets (meclizine HCl 12.5 mg. and nicotinic acid 50 mg.) in bottles of 100. Syrup (each 5 cc. teaspoonful contains meclizine HCl 6.25 mg. and nicotinic acid 25 mg.) in pint bottles. Prescription only. Bibliography available on request.

Reference: 1. Scal, J. C.: Eye Ear Nose & Throat Month. 38:738 (Sept.) 1959.

And for your aging patients—
NEOBON® Capsules
five-factor geriatric supplement

Roerig Rx

New York 17, N.Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being®


XUM

he's barred from the simplest hospital procedures if he hasn't had two to four years of specialized training. Any doctor who spends all this time to qualify in hospitals would be a fool *not* to go on to a specialty.

—James B. Martin, M.D.
Albany, Ga.

Misusing Social Security

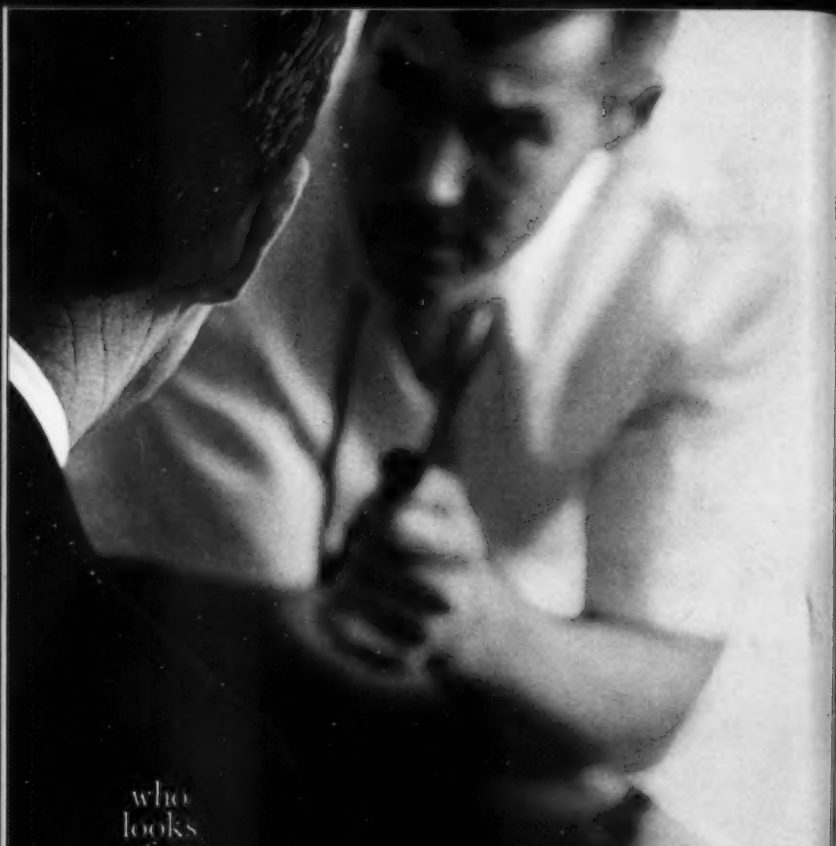
SIRS: "I Hired Myself Into Retirement" is interesting and informative, but I deplore the selfish attitude shown in the author's statement: "When I turn 65, my wife and I will get more Social Security money in one year than I'll have contributed during the entire eight years of my coverage!"

It seems to me that this statement shows true greed—greed not befitting a member of our profession.

—J. E. Albright, M.D.
Dallas, Texas

Outside, nightsounds. The perfect setting for insomnia.
But sleep will come. Placidyl sleep.
Gentle as moonlight. Quiet as the cat at streamside. Placidyl.
For most kinds of patients in all kinds of jungles.

Placidyl® nudges your patient to sleep



No one but his barber, brother, best friend, boss and business acquaintances. So you see he has plenty of advice. As you can also see, he has dandruff. When it comes to dandruff and well-meaning but non-medical advice, dandruff wins... flakes down. What he really needs is *your* help and a prescription for Selsun . . . effective in 92 to 95% of patients.

SELSUN

AN ETHICAL ANSWER TO A MEDICAL PROBLEM

SUSPENSION

SELSUN—Selenium Sulfide, Abbott

ABBOTT

ONE OF THREE ERDMAN BUILDINGS IN DOCTORS PARK, SPRINGFIELD, ILL.

Over 500 Doctors Practice in ERDMAN MEDICAL BUILDINGS

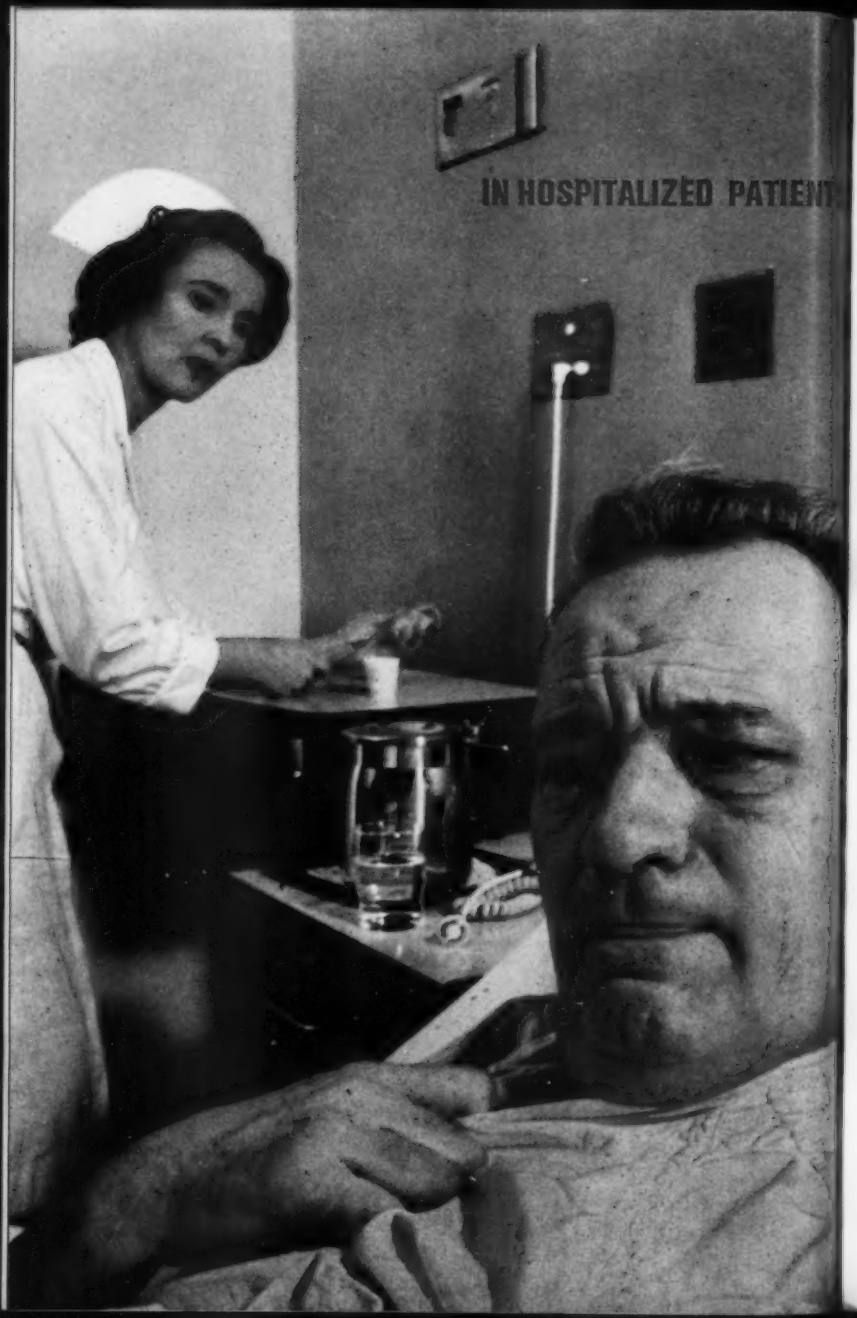
Mistakes? Sure, we've made our share, and we've learned from every one. Since we've also built more medical offices than anyone else, doesn't it stand to reason we can design and build a *better* office for you?

EM-11

MARSHALL ERDMAN & ASSOCIATES, INC.

5110 University Avenue • Madison 5, Wis. • Tel: CEdar 3-5354

SPECIALISTS IN PREFABRICATED CUSTOM-DESIGNED MEDICAL BUILDINGS



Mellaril®

THIORIDAZINE HCl

provides highly effective tranquilization, relieves agitation, apprehension, anxiety

and "screens out" certain side effects of tranquilizers, making it virtually free of:

In Agitated Medical/Surgical Patients — "A new phenothiazine derivative, thioridazine [Mellaril], was used to treat 71 patients, most of whom were unduly agitated and disturbed due to hospitalization for medical or surgical conditions. . . . The response to treatment was considered satisfactory in 83.4 per cent of patients. . . . In agreement with the published results of other investigators, we believe that thioridazine shows a greater specificity of tranquilizing action and freedom from serious toxic effects when compared with some of the other phenothiazines."[1]

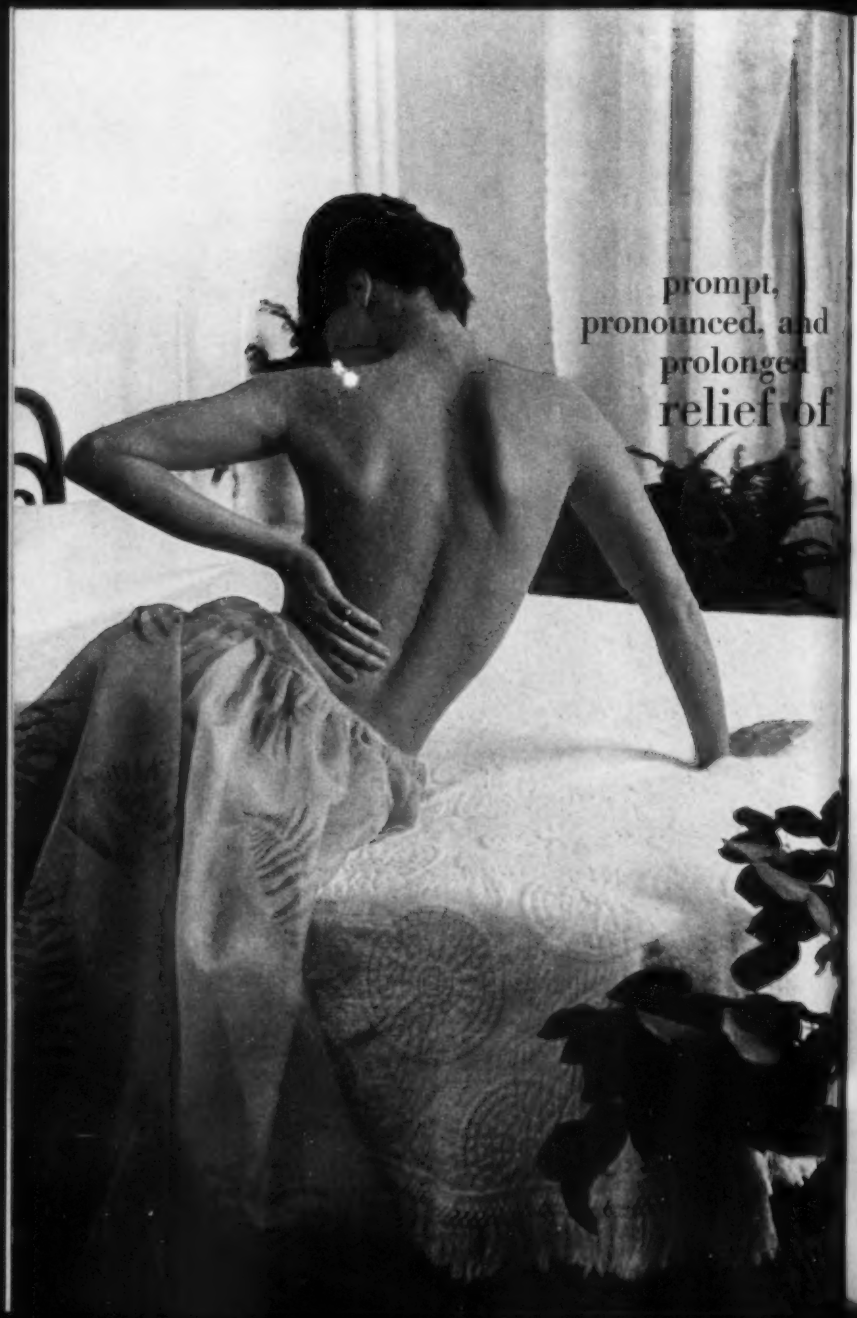
Mellaril is indicated for varying degrees of agitation, apprehension, and anxiety in both ambulatory and hospitalized patients.

Usual starting dose: Non-psychotic patients — 10 or 25 mg., t.i.d. Psychotic patients — 100 mg. t.i.d. Dosage must be individually adjusted until optimal response. Maximum recommended dosage: 800 mg. daily. Supply: Mellaril Tablets, 10 mg., 25 mg., 50 mg., 100 mg.

1. David, N. A.; Logan, N. D., and Porter, G. A.: Evaluation of Thioridazine (Mellaril), a New Phenothiazine, in The Hospitalized Patient, A.M. & C.T. 7:364 (June) 1960.

ORIGINAL RESEARCH SERVING THE PHYSICIAN

SANDOZ



painful skeletal muscle spasm

ROBAXIN®

Robins

INJECTABLE AND TABLETS Methocarbamol Robins U.S. Pat. No. 2770649

Relaxation – obtained *within minutes* with ROBAXIN Injectable.
– maintained *without drowsiness* with ROBAXIN Tablets.

Nine published studies show:

Beneficial results in 90% of cases of skeletal muscle spasm with ROBAXIN.

Clinical responses to ROBAXIN therapy, as reported by investigators:

"*marked*" in 26 out of 33 patients, moderate in 6...[1] "*pronounced*" in 37 out of 58 patients, moderate in 20...[2] "*good*" in 25 out of 38 patients, moderate in 6...[3] "*excellent*" in 14 out of 17 patients, moderate in 2...[6] "*significant*" in 27 out of 30 patients...[7] "*gratifying*" in 55 out of 60 patients...[8] "*effective*" in 32 out of 32 patients...[9] "*marked*" in 27 out of 46 patients, moderate in 6...[4] "*good*" in 57 out of 60 patients, moderate in 3.[10]

ROBAXIN exhibits "great freedom from undesired side reactions,"[5] does not produce "concomitant euphoria or partial anesthesia,"[10] and permits patients to retain concentration and awareness.[5]

For immediate relaxation of acute skeletal muscle spasm:

Robaxin® Injectable – each ampul containing 1.0 Gm. of methocarbamol in 10 cc. of sterile solution.

For initiating therapy or maintaining relaxation induced by ROBAXIN Injectable:

Robaxin® Tablets – 0.5 Gm. (white, scored) in bottles of 50 and 500.

Also available: ***When pain and spasm require concurrent analgesic and relaxant action:***

Robaxisal® Tablets – Robaxin with Aspirin

–and for skeletal muscle relaxation with more comprehensive analgesia:

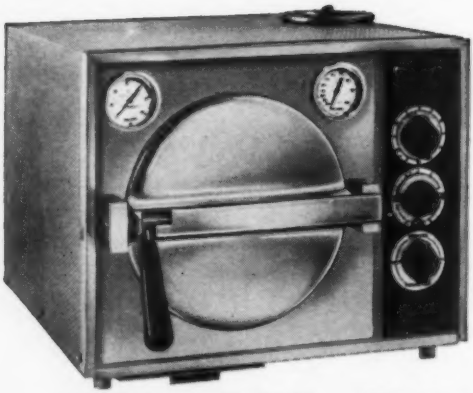
Robaxisal® – PH – Robaxin with Phenaphen®

Literature available to physicians on request.

REFERENCES: 1. Carpenter, E. B.: Southern M.J. 51:627, 1958. 2. Forsyth, H. F., J.A.M.A. 167:163, 1958. 3. Hodgins, A. P.: Clin. Med. 6:2321, 1959. 4. Grisolia, A., and Thomson, J. E. M.: Clin. Orthopaedics 13:299, 1959. 5. Lewis, W. B.: California Med. 90:26, 1959. 6. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:160, 1958. 7. Park, H. W.: J.A.M.A. 167:160, 1958. 8. Plumb, C. S.: Journal-Lancet 78:531, 1958. 9. Poppen, J. L., and Flanagan, M. E.: J.A.M.A. 171:290, 1959. 10. Schaubel, H. J.: Orthopedics 1:274, 1959.

A. H. ROBINS CO., INC., Richmond 20, Virginia

Making today's medicines with integrity... seeking tomorrow's with persistence



NOW!
STEAM AND DRY
STERILIZATION
IN A
SINGLE
UNIT!

OMNI-CLAVE

THE AMAZING NEW 2-IN-1 AUTOCLAVE
ANOTHER REMARKABLE INNOVATION
BY PELTON & CRANE

Save money! Save time! Save precious space! OMNI-CLAVE, the ONLY dual-purpose unit on the market today, gives you BOTH steam and dry sterilization in a single-chamber autoclave. Thoroughly tested by Pelton & Crane for trouble-free performance, OMNI-CLAVE is low in cost, most economical in up-keep, easy to operate . . . and it eliminates the need for an extra piece of equipment.

Ask your dealer to demonstrate
the versatile new OMNI-CLAVE
and note these other significant benefits:—

- Single-knob action sets pressure and temperature
- Reaches pressure in 10 minutes from a cold start; in less than 4 minutes on successive cycles
- Condenses steam returning it to reservoir for re-use
- Accommodates up to 3 trays, instruments up to 13 inches in length in the chamber which is 7" x 14"
- Forged bronze door with positive locking action
- OMNI-CLAVE feet are adjustable to compensate for varying cabinet depths

For new leaflet describing OMNI-CLAVE, Model OCM, write to:

P/C the Pelton & Crane company

Fine Professional Equipment Since 1900

P. O. Box 3664 • CHARLOTTE 3, NORTH CAROLINA

Medical Economics
August 14, 1961

How to get patients to sign consent forms

Here are some of the plain-talk explanations that surveyed M.D.s found successful in persuading most patients to sign

By Wallace Croatman

Let's assume you've vowed not to do another operation without getting the patient's "informed consent" in writing. To back up your resolution, you've worked out a consent form patterned after A.M.A. samples and adapted to local conditions by your attorney.

So far, so good. But a big problem remains: How do you overcome the instinctive reluctance many patients have to signing?

Most doctors who regularly use their own consent forms say this is seldom a problem if you pave the way with a clear explanation. Says an Ohio plastic surgeon: "After examining the patient, I explain the surgical procedure and then simply ask the patient to sign my consent form. A thorough explanation of the procedure in *lay* terms usually overcomes any hesitancy he may have about signing."

This view is borne out by a recent MEDICAL ECONOMICS survey. A cross-section of doctors were asked if they ever had patients who rejected recommended treatment after an explanation of its urgency. The proportion of rejected treatments was only half as great among doctors who used their own carefully worded consent forms as among those who relied on stock forms.

What about the vital element

of *risk?* Most of the surveyed doctors agree that you should not soft-pedal the risk involved in the planned procedure—even though it may frighten away a few patients. The patient has the right to decide whether to accept the risk. A Wyoming radiologist puts it this way: "I tell patients there's an element of risk in all effective treatments of serious conditions. Then I ask them if they're willing to take that chance in order to be helped."

Should you bring up the matter of your legal risk? Very few doctors feel this is necessary, and most medicolegal authorities advise against it. Nevertheless, a New York urologist reports: "I've made it standard practice to state plainly that I don't want any argument about assault and battery after treatment is performed."

Although most patients are receptive to the consent form when the procedure is adequately explained, certain procedures are harder to explain than others. Here's how the surveyed doctors handle such problem procedures:

Surgery. According to the survey, surgical procedures are hardest to explain—especially plastic surgery, treatment of fractures, amputations, and eye, ear, and spine operations. That's because many patients regard surgery as a cure-all—and, of course, the doctor can't guarantee a cure. But surgeons have worked out a variety of gambits to get the patient to sign the consent form.

A Texas orthopedist, for example, borrows a gimmick from TV commercials: "I often use photographs, X-rays of similar cases, or a skeleton with appropriate surgical devices to show the patient the kind of procedure I'm going to do." A Pennsylvania G.P. sometimes carries this approach even further when confronted with a frightened surgical patient: "A 72-year-old male with benign prostatic hypertrophy and urinary retention refused surgery because he felt he'd 'lose his manhood.' I explained the procedure in minute detail and then arranged for him to talk to another patient who had undergone the procedure—all this so

Using photographs and a model of an eye to make his points, Dr. James M. Lyon of Napa, Calif., explains an eye operation to a young patient and his mother before asking her to sign a consent form.

he could determine for himself whether there were any side effects. He finally consented to going ahead with it."

When nothing else works, you might offer "the gambler's choice" to surgical patients. Discussing nerve-block procedures, a Pennsylvania physician explains to the patient that there's a fifty-fifty chance that the operation will result in complete recovery. "Then his hopes are not too high, and if the operation is not a success, one can always fall back on that fifty-fifty statement."

Cancer. Any treatment for cancer seems to be the next hardest type to explain. The

difficulty lies in telling the patient what he has without using the dreaded word itself. Most surveyed doctors use the word "tumor" and explain it as "an abnormal growth." Once a patient realizes he has the disease, they report, he seldom rejects a proposed treatment. He will sign the consent form, since the alternative to the treatment is only too clear.

Spinal anesthesia. Many patients have a distorted notion of the risk of paralysis here. The surveyed doctors say they avoid the pitfall of claiming that spinals involve *no* risk. A Pennsylvania anesthesiologist gives this explanation to patients: "There *is* some possibility of danger in placing a needle in the spinal canal, but no more so than in placing a mask over your face and giving you gas."

X-rays. Here again, trouble arises from a distorted notion of the risks. A Minnesota G.P. wanted to do diagnostic studies on a pregnant woman near full-term. He recalls that "the young woman's husband was very obstinate in refusing consent because he'd read of possible adverse effects on the fetus." One solution: Cite the studies that show little risk from radiation given late in pregnancy.

In requesting a signed consent form, you may also encounter problems not directly connected with the procedures themselves. Here's what the survey shows about three such problems:

MINORS. A doctor in a university town may find that parents are miles away when an under-21 student needs an appendectomy. And if parents are divorced, you may need the consent of both—the mother, who generally has custody, and the father, who generally pays the medical bills. Or suppose a minor is visiting relatives in another state—or his parents are touring Europe—and he suddenly needs a tonsillectomy. Legally, no relative who isn't an appointed guardian can give consent.

In all such cases, say the surveyed doctors, your best bet is to get the parents' consent by long-distance telephone—and

hope that nobody sues. You're justified in going ahead without parents' consent only if a real emergency exists.

A Virginia anesthesiologist reports this problem: "Wife is 16 years old, husband is 18. Wife is patient for obstetrical anesthesia. Neither family is available. Who can sign the permit?" The answer, says the A.M.A., depends on the state where you're practicing. In some states, marriage "emancipates" a minor, so that a form signed by the patient and her husband is valid. In other states, if the parents can't be reached, it's best to get consent of both the patient and her husband plus the signature of a consultant saying the anesthesia is necessary.

RELIGION. Members of Jehovah's Witnesses and other sects refuse to sanction a necessary blood transfusion. MEDICAL ECONOMICS' survey found there's no generally agreed-on method of dealing with this stickler. Some of the surveyed physicians pledge in the consent form not to administer blood. The A.M.A. advises that any such agreement should specifically release the doctor from liability for not ordering a transfusion. One M.D. says he's found it fairly easy to obtain a court order to administer blood to a child of Jehovah's Witness parents. Other surveyed doctors say they simply refuse to treat patients who won't authorize transfusions.

AUTOPSIES. These present the most common consent problem—but also one of the easiest to resolve. As one M.D. puts it: "The family says either yes or no, and I never argue the point."

Finally, what about patients who resist the most compelling explanations? It helps, most of the surveyed physicians agree, if you imply that there can be no treatment without written consent. "Your signature will permit me to operate," is the way a Connecticut urologist puts it. "We'll need your signature on this routine form before doing this procedure," says a California physician.

What about the hold-outs who still refuse to sign? Says a New York plastic surgeon: "I

lose many dermabrasion and bulbous nose cases after I tell them that the results cannot be what magazine articles have led them to believe." And from a Colorado psychiatrist: "Many of my patients announce before I say a word that they refuse to be treated by electroshock."

The moral is obvious: If patients refuse to sign consent forms, they're patients you don't want to have anyway. By refusing to treat such patients, you're saving yourself future headaches.

Getting consent in difficult situations

The following quotes from surveyed M.D.s show various ways of explaining specialized procedures to patients so that they'll sign valid consent forms:

Anesthesia

Spinal anesthesia. "I tell patients that no procedure is without risk, but that my experience and medical judgment indicate that spinal anesthesia will be best in their situation. Then I add: 'Your surgeon feels he can do a better job if you have spinal anesthesia.' "

ENT

Stapes mobilization. "I call it an exploratory operation in the middle ear and tell patients: 'This operation is going to make room for the sound to come through. While you're still on the operating table, I'll whisper to you, and you'll hear me. You've got six chances in ten to go right on hearing. But with four people in ten, that space closes over again. We'll know for sure in three or four weeks.' "

Internal medicine

Cardiac catheterization. "I explain why the procedure is necessary and describe the benefits derived. Then I estimate the risk as about one-third of 1 per cent. There are usually no complications, I conclude, and patients usually walk away feeling fine."

Lumbar puncture. "I tell the patient that this is a common diagnostic procedure, and in his case a necessary one; that it's neither painful nor as difficult as he may have heard."

OBG

Hysterectomy. "I use these words: 'This is the last-resort procedure to stop unnatural bleeding; I've called in another consultant, and he agrees it's necessary.' "

Ophthalmology

Glaucoma surgery. "I tell them that this procedure is to keep eyesight from getting worse. It won't make eyesight better."

Retinal-detachment surgery. "I diagram the eye, explain it as a camera, and stress the possibility of poor results in a technically successful operation. I say: 'The retina is too delicate to use stitches on. So we use electric sealing and depend on nature to do the rest.' "

Orthopedics

Amputation. "I describe the amputation as being similar to the removal of a sick branch on a tree when the tree can be improved by pruning off diseased portions."

Back surgery. "I say this: 'I can't promise you a 100 per cent cure. But poor results are unusual, and there's no reason to assume your case will be unusual.' "

Pediatrics

Elective surgery on infants. "I tell their parents that there's a risk

with any operation, but that most infants respond to general surgery better than adults do."

GI surgery on infants. "I say that there appears to be an obstruction; the operation is serious, but the baby can't live without it."

Plastic surgery

Dermabrasion. "I tell patients that they can't expect perfection—that surgery will merely improve the scars, not completely clear them up."

Rhinoplasty. "I point out candidly that not all rhinoplasties result in absolute satisfaction."

Psychiatry

Electroshock therapy. "I explain that this procedure is a necessary form of treatment for mental illness, just as X-ray therapy and surgical operations are for other forms of illness. I describe it as the application of current to the head for a fraction of a second. And I add that the risks are comparable to those of a minor operation in which an anesthetic is necessary."

Radiology

X-ray therapy. "I make it clear that skin reactions, bladder and bowel irritation, etc., are usually temporary and may not even occur at all. The risks of not treating, I add, are much greater than the risks of treating."

Surgery

Cancer surgery. "I make it clear that there's no alternative but death, and I tell patients of any complications that might ensue. They tolerate complications better if they know about them before they happen."

Hernia operation. "I point out that sometimes the rupture will return no matter how carefully we do the operation."

'Early decision' can beat college admissions rush

If you want your child to have a head start in the race for college admittance, you may find it worth while to look into the "early decision" plan now being offered by certain colleges. Under this plan, a topnotch student can be provisionally accepted by the college of his choice long before students applying in the routine way. Here's how it works:

During his junior year in high school, the student applies to one of the colleges offering the plan. Then he takes the usual battery of aptitude and achievement tests. If the results—plus his high school record—qualify him, his application stands a good chance of being confirmed early in his senior year. From then on, all he has to do is keep his grades up to their previous level.

The system does have limitations. Only cream-of-the-crop students are considered. And students accepted under the plan usually have to promise that they will not submit an application at more than one college. Then, too, only a few colleges offer the plan. Some that do are Bard, Chatham, Colorado, Dartmouth, Haverford, Loyola (La.) University, Middlebury, Mount Holyoke, Smith, Tulane University, University of Chicago, University of Michigan, University of Virginia, and Vassar.

Check "The College Handbook" (College Entrance Examination Board, P.O. Box 592, Princeton, N.J., $2) for others. Or write to the college of your youngster's choice and ask whether it is participating in the plan.

How well do your children

If you want them to handle money sensibly when they grow up, better start them on the right path

By A. Robert Ferguson

Sitting in a hospital coffee shop not long ago, two doctors were discussing a problem most fathers have to face: how to teach their youngsters to respect and handle money. Each of the doctors had a 14-year-old son, so the problem wasn't new to them. But each had tried quite different approaches to it.

One doctor—I'll call him Dr. Crane—had been rigidly controlling his youngster's financial affairs. "I'm against giving Jerry a regular allowance," he told his friend. "Instead, I pay him for work he does around the house. Mowing the lawn, for example. Of course, he doesn't have to earn his basic expenses. My wife buys Jerry's clothes, gives him carfare and lunch money, and pays for other items such as school supplies and haircuts.

"So I put my foot down when he asked for a newspaper route to earn extra money. I didn't want him to have extra money, and I didn't think it would help my practice to have Jerry delivering papers."

Dr. Crane's friend—let's call him Dr. Franklin—followed a contrary system. "When Bill was only 6, we started him on a small weekly allowance of 15 cents," said Dr. Franklin. "We

Encourage your youngster to keep tabs on his allowance and develop sound money habits. Here, Dr. Frederic P. Moore's son, Fred III, of Richmond, Va., adds up cash on hand.

manage money?

increased that amount until he now gets an allowance of $8.50 a week. He can buy anything he wants—if he can afford it."

Dr. Franklin went on to say that his youngster usually *can* afford what he wants. "He puts from $3 to $5 a week in the bank. Some of Bill's banking dollars come from his part-time job at the pharmacy. My wife and I are glad he's working. We've agreed to continue his allowance in spite of the job."

That's how two doctors have handled the financial training of their youngsters. Dr. Crane's approach went out with knickers, say the people who are regarded as experts in this field. But they like Dr. Franklin's method, although they feel his son gets too much freedom in spending his money.

The doctors' conflicting attitudes point up a moral: You can hold the purse strings too loosely as well as too tightly. How do you steer between the two extremes? The following tips, based on the experience of hundreds of parents, should help you strike a happy medium:

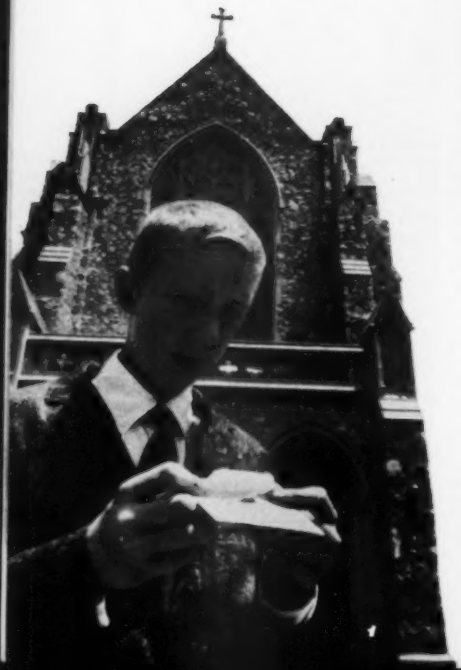
1. Start your youngster out

Where the money comes from—and goes!

Two sources of income are better than one, Dr. Moore's son has learned. At left, Fred, who's 13, gets his weekly allowance from his father. He earns extra money (below) by cleaning his aunt's swimming pool. He tries to use his income wisely. At right, he's shown buying school supplies from a local drugstore with his own funds. For some of the other ways Fred spends his money, turn the page.

with a small allowance when he's 6 or 7. Just 10 or 15 cents a week is fine in the beginning. Let the child either spend it or put it in the piggy bank. He'll gradually learn about *saving* as well as about *spending.*

I know one doctor's wife who started her children shopping when they reached 6. If one of them wanted something that was within his allowance, she said O.K. She acted only as a supervisor; the child made the actual purchase. As each youngster got older, and as his



Part of Fred Moore's money goes to his church (left), and part goes for play. Above, he frolics with his brother in a playboat they bought, partly with Fred's savings. But some of those savings regularly wind up in the bank. And come deposit time (right), Fred's own savings from his allowance and his earnings are matched, dollar for dollar, by his father.

allowance increased, she let him make larger purchases. Eventually she could stop supervising.

2. Work out a full allowance for your youngster by the time he's 12. An appropriate amount might be 20 to 25 per cent less than the allowances for 14-year-olds shown on page 90.

What to spend on clothing seems to cause 12-year-olds the most trouble. An Ohio doctor's wife solves the problem with this indoctrination system: From the time her youngsters

are 8 until they're 10 or 11, she lets them help select their own stockings, neckties, and other inexpensive items. Then she sends them on a shopping trip without her—after they've checked newspaper ads for ideas and prices. "I've found they're often able to make better selections than I'd make," she says. "They're influenced a good bit by what their schoolmates wear."

3. Have your youngster keep careful records of his expenses. And have him plan ahead of time how, in general, he'll spend his money. Although he won't always spend his money precisely as planned, he'll find it easier to stay within his total budget—using the money from savings to cover larger expenditures.

4. Encourage your youngster to save something. Over half the teen-age youngsters in the country save money from

What's a reasonable allowance for your son or daughter?

*Breakdown of weekly allowance for a 14-year-old girl**

School lunches	$1.50
Music lessons	1.50
Church	.15
Clothing	4.00
School supplies	.50
Gifts	.40
Personal	.80
Savings	1.00
Total	$9.85

*Breakdown of weekly allowance for a 14-year-old boy**

School lunches	$1.50
Church	.15
Clothing	3.25
School supplies	.50
Gifts	.30
Personal	1.20
Savings	2.95
Total	$9.85

* Based on national averages compiled by Scholastic Magazines, Inc. and on breakdowns recommended by experts in the field.

How teen-agers earn extra money

According to a study by Scholastic Magazines, Inc., some 65 per cent of senior high boys get at least part of their spending money by working. About 45 per cent of senior high girls have part-time jobs. Teen-agers earn money at home, on summer jobs, and through businesses of their own. Here are some of the ways they do it:

Baby-sitting
Caddying
Caring for pets
Checking hats and coats
Clerking in supermarkets and stores
Delivering drugstore prescriptions
Delivering newspapers
Hedge clipping
Helper at country club
Helper at gas station
House cleaning
Household painting
Junior camp counselor
Mowing, watering lawns
Playing in local dance bands
Professional photography
Raising and selling plants
Raking leaves
Running errands
Selling greeting cards and stationery
Selling magazine subscriptions
Selling waste paper
Sewing for others
Shoveling snow
Sweeping garages
Teaching handicrafts
Vegetable picking
Washing and polishing cars
Washing boats
Washing windows
Wood chopping
Working in drugstore

their allowances or from part-time jobs, according to a survey by Scholastic Magazines, Inc. The typical junior high youngster puts away $1.49 a week, and his senior high counterpart saves $2.95 a week.

When is the best time to start teaching your child to save? The earlier, the better. One Virginia pediatrician I know buys each of his children a small piggy bank when the child is 5. Each time the child puts money

in the piggy bank, the doctor matches the amount the child has saved.

5. Tell your youngsters how your own budget works. You needn't tell them the actual figures. But you *can* talk percentages: so much for taxes, for the car, for the house, for life insurance, for savings, etc. They'll gain insight from these discussions.

6. Never discipline a child by taking away his allowance. As one Florida pediatrician observes: "An allowance is supposed to be a necessity, like food and shelter. The wise parent doesn't punish a child by taking away his necessities."

An Arizona G.P. agrees. His son and a schoolmate were caught tossing rocks through a school window. The doctor made his son pay for his share of the damages out of his allowance. He also revoked certain of his week-end privileges. But he didn't take away the boy's allowance. "It wasn't the allowance that caused the trouble," he says.

If you follow this six-point training system, your youngsters may not grow up to be bankers, but they will appreciate the importance of good money management. And it's less likely they'll be calling on you later to help bail them out.

Raw sugar

A colleague of mine insists that this happened in his office: A thoroughly charming 5-year-old, blue-eyed and blonde, was brought to him for a physical. She couldn't have been a more cooperative or more delightful patient. Enchanted by this little dream, my colleague finally said, "Betsy, how come you're so sweet?" To which Betsy replied, "I don't know, Doc. It beats the hell out of me, too!" —*Salmon R. Halpern*, M.D.

'The state should DO something about medical costs'

By Garrett Oppenheim

Would your patients like to see government do something about the cost of medical care? If some newly released survey results are any indication, the answer is *yes*. This seems to hold true even if the families you serve can face large medical bills without flinching.

Family spokesmen want their state to get into the act. What kind of role do they want government to play? Anything from investigating the problem to imposing outright control over doctors' fees, drug costs, and hospital charges. One out of ten favor that second extreme.

The survey was conducted by anthropologist Walter E. Boek, assistant director of the Institute for Advancement of Medical Communication. A cross-section of families in New York State, more than 1,900, were asked: "Do you think our New York State government should concern itself with the cost of hospital, medical, and dental care for families, or not?" Three-quarters of those questioned said the state government *should* concern itself with medical costs; only 14 per cent said it shouldn't. The rest gave indefinite opinions or said they didn't care.

Another question the survey asked: "If your family were suddenly to have a $400 medical and hospital bill not covered by insurance, how would you pay it?" A big majority said

Harsh words for doctors pepper a survey conducted by anthropologist Walter E. Boek on the question: Should the state do something about medical costs?

they could manage such a bill. Fully 40 per cent had ready cash or savings for this kind of emergency, while 36 per cent said they could pay off the debt from current income or through borrowing. For some, the bill would be handled by the Veterans Administration or by relatives. Only one in sixteen of those surveyed said he'd have to depend on welfare because he couldn't pay.

What's the thinking of the people who favor state regulation of medical costs? Said one: "If socialized medicine were established, the cost of medical care would be half what it is today." Said another: "I'm thinking of the security that people get in England." Said still others: "Doctors are greedy." . . . "Doctors should be treated like any other monopoly." . . . "Medical men make their first million dollars in five years."

Many more persons feel the state government should do something to aid special hardship groups. Said one: "Old people should either have free medical care or increased Social Security." Another added: "A lot of old people don't go to hospitals because they don't want to be treated like beggars." Other groups cited as deserving of state help are those with large families, those who don't have medical insurance, and those who can't afford prolonged medical care. A typical

comment: "If [an illness] lasts more than two weeks, it becomes a fantastic expenditure." One woman said: "My husband had lung cancer for nine years, and we lost everything. I'm not complaining, but things like this shouldn't be allowed to happen to people."

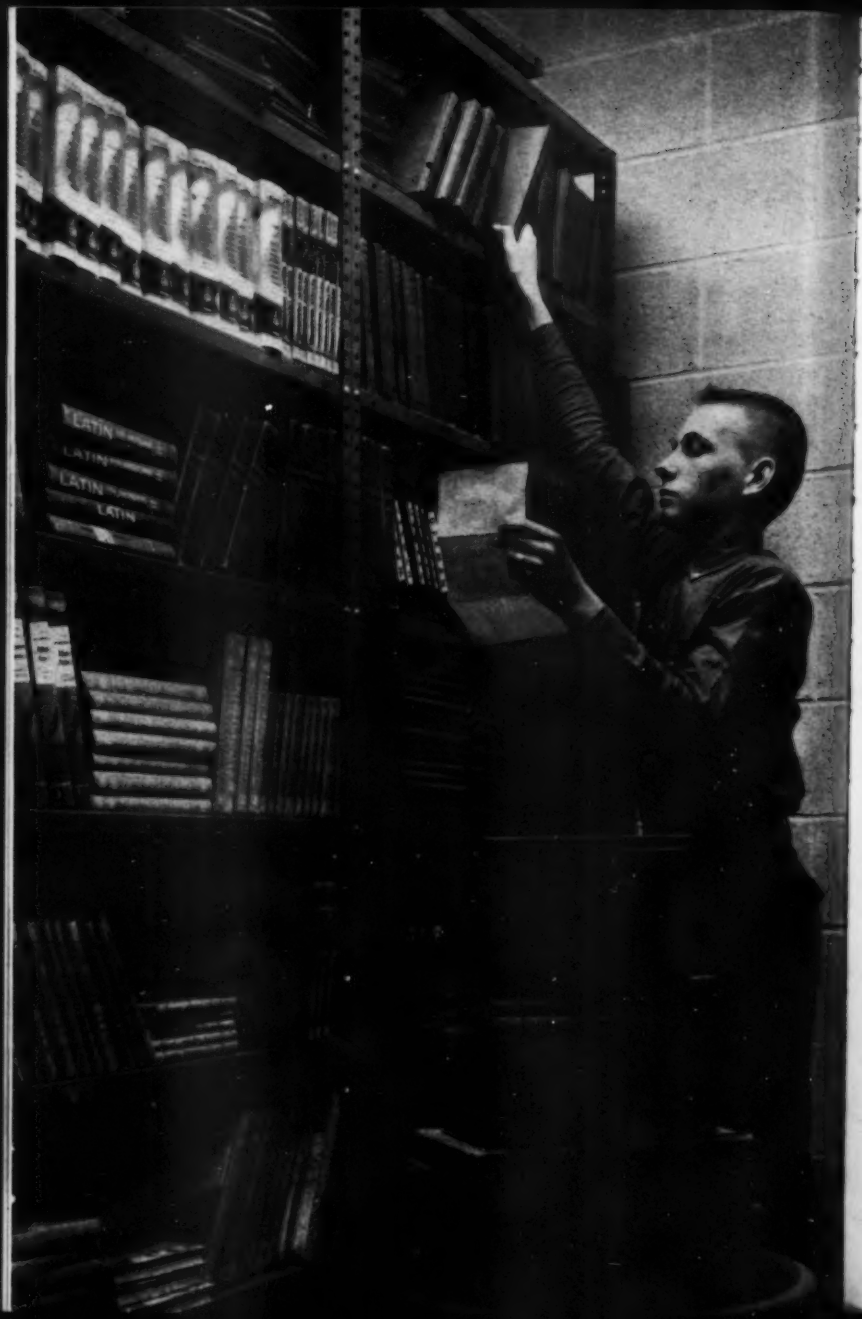
What about the minority who do *not* want any sort of state action on medical costs? Typical replies from them: "That's the beginning of socialized medicine." . . . "Let's have lower taxes so we can pay our own bills." . . . "It usually costs more in the end if the government does things." . . . "If New York reduces medical and hospital costs, we'll have freeloaders from every other state trying to get in on it."

The meaning of it all? More of your patients than you may suspect probably want some form of government intervention in medicine.

Multipurpose M.D.

It was my seventh month of pregnancy. I was waiting for my husband in our car outside his office, but I became uncomfortable and decided to wait for him in his reception room instead. The only patient there was a middle-aged woman. We did not know each other. "Is this your first baby?" she asked. "No," I replied. "We have a 2-year-old son." "Do you like Dr. Katz?" "Yes, very much." "Did you go to him for your first?" "Yes . . ." At this point, I beat a hasty retreat back to the car. All I could think of was my husband striding into the reception room with some devastating remark as: "Hi dear! How's our joint production coming along?" —*Anita M. Katz*

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*



XUM

The boom in books

Activity in book publishing is making investors sit up and take notice. If your aim is growth stocks, this promising field is worth investigating

By Ellis J. Warde

If you have a school-age child, you've probably noticed he's carrying home more textbooks than ever these days. Multiply that sight by 48,000,000—the total number of U.S. school-age children today—and you'll see why textbook publishing has become big business.

It's a fast-growing business, too. Sales of textbooks and encyclopedias have doubled since 1955. Last year they totaled about $600,000,000—or almost $200,000,000 more than the combined sales of all other kinds of books. To break into this lucrative field—or to diversify their existing textbook markets—publishers have taken the well-known merger and acquisition routes. In the past year, at least eight such marriages of convenience have taken place.

Getting into the textbook publishing field via a merger makes far more sense than trying to crash it from scratch. Here's why: (1) It takes from five to seven years of preparation before a textbook program reaches the stage where books are ready for sale. (2) These books must then be sold at the grass-roots level. The next textbook publisher is apt to lose out

The burgeoning school population has doubled textbook sales since 1955. Here a teen-age student collects texts for his class.

with schools that have already been "sold" by established textbook firms. (3) Mergers offer the benefit of lower combined operating costs.

Here are recent examples of corner-cutting mergers:

¶ Prentice-Hall, the biggest college text publisher, last year acquired Iroquois Publishing, which specializes in elementary and high school books.

¶ Harcourt, Brace & Company, one of the largest publishers of high school texts, merged last year with World Book Company, an elementary school text publisher.

¶ Random House, long identified with hard-cover fiction and nonfiction books, last year moved into three new fields: the elementary and high school text field through acquisition of L. W. Singer Company; the college-text market by merging with Alfred A. Knopf; and the juvenile market by buying Beginner Books.

The big boom in books isn't limited to the textbook field. The entire publishing industry is bustling with talk of mergers, diversification, stock splits—and *profits*. This change in publishers' attitudes spells investment possibilities for you. For example, here's how two other publishing products are faring:

Paperbacks. In 1935, roughly 7,500,000 were sold; last year the rate had swelled to a million a day. Subject matter, no longer limited to westerns, mysteries, and cheap novels, now includes biography, history, and science.

"Trade" books. This is the technical term for hard-cover fiction and nonfiction books—the most hazardous area of publishing. Money poured into trade-book promotion—in the hope that occasionally one of them will make the big time—eats heavily into the publisher's profits. The only "insurance policy" on profits is his back list of "classics"—the popular works that go on selling year after year. A big slice of his revenue often comes from selling rights to film companies and to paperback publishers. Sometimes the trade publisher's share of such royalties is greater than the profits from the original hard-bound book.

What about the future of

14 leading book publishing stocks

	Earnings per share[1]		1960 dividends	1961 price range		Recent price
	1959	1960		High	Low	
Texts plus other books						
Crowell-Collier	$2.04	$2.18	stock	50⅞	37½	37⅞
Harcourt, Brace & World	1.02	1.08	.475	43½	32¼	36⅞
Holt, Rinehart & Winston, Inc.	.83	.97	.27[2]	44⅝	34	39
McGraw-Hill Publishing Co., Inc.	1.03	1.12	.62[3]	43⅛	33	36
Prentice-Hall, Inc.	.74	.76	.367	49⅞	40	42½
Random House	1.02	1.34	0	37½	28	32
Row, Peterson & Co.	1.51	1.05	.45	22¾	18¼	19
Textbooks only						
Allyn and Bacon, Inc.	$ .39	$ .54	.225	42	32	41
American Book Co.	2.84[4]	3.19[4]	1.90[3]	82	55	68½
Ginn & Co.	.82	.83	.30	35½	29¾	27
Scott, Foresman & Co.	1.20	1.33	.80	33	26	26
Encyclopedias and paperbacks						
Grolier, Inc.	$1.91[5]	$1.87[5]	1.05	64½	41	51
Pocket Books, Inc.	.17	.67	0	41	26	31½
Times-Mirror Co.	1.39	1.15	.383[2]	53	24	37

[1]After adjustments for stock splits and stock dividends. [2]Also stock. [3]Includes extras. [4]Excludes capital gains. [5]Includes capital gains.

publishing in general? Bennett Cerf, president of Random House, considers the field virtually depression-proof. "A book is a luxury that even a very poor man doesn't have to give up," he says.

But when it comes to investing your money, don't let a fair-haired industry lure you away

from this basic Wall Street rule: Investigate the companies before buying their stocks. Remember that the industry consists of more than 300 competing publishers, with fewer than 400 of them producing 90 per cent of the 15,000 new titles published annually. In the front ranks are roughly thirty-two houses (not all publicly owned) whose yearly production accounts for one-third of the total.

To help you determine the firms best suited to your investment aims, the table on page 99 lists basic statistics on fourteen publishers with distinct growth possibilities.

First, I suggest you decide which publishing enterprises interest you most: the diversified houses (textbooks plus some combination of trades, encyclopedias, and paperbacks), the companies that confine themselves to textbooks, or those that specialize in paperbacks or encyclopedias.

Next, apply this question to the publishing houses you've chosen: Have 1960 earnings per share increased over the 1959 figure? If so, this is one good indicator of corporate growth.

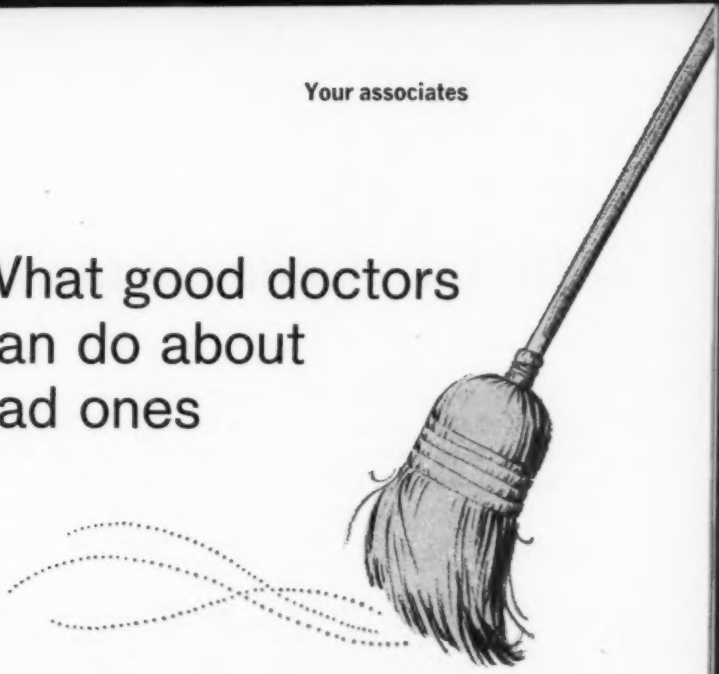
After you've picked six or seven firms that meet your requirements, you'll be ready to call your broker for more detailed information.

Wet blanket

The mother of a 5-year-old enuresis patient visited my office the day after I'd prescribed a device to cure his condition. The gimmick in question was a pad for the boy to sleep on. It was connected to a buzzer that made a loud noise as soon as the urine started flowing. Mother was upset. "What happened?" I asked. "Well," she stammered, "the darn thing made such a racket when it went off that my *husband* wet the bed!"

—*D. M. Barringer,* M.D.

What good doctors can do about bad ones



When a colleague charges a patient an outrageous fee, or deliberately treats him for a nonexistent illness, or bills a health insurance company for work he didn't do, YOU *pay for it. You and every other ethical physician pay for it with your reputations. Eventually, you might have to pay for it with some of your professional freedom. Why? Because if good doctors don't start policing the bad ones in their midst, forces outside medicine are sure to do so. In the following articles,* MEDICAL ECONOMICS *explores three aspects of this urgent problem: What sort of doctor needs disciplining? How many of his kind are there? What can ethical M.D.s do about them?*

'He's a menace to the public

Not much bad medicine is being practiced in the U.S. today. But why, this doctor asks, do we permit even a few bunglers to stay in practice? He cites an example in his own state—and other doctors tell what they'd do

By Frank Suiter, M.D.

Dr. George Hanley slipped the chest film onto the view box and flicked on the switch. Turning to me, he asked, "Frank, tell me—what does that look like to you?"

I'm neither an internist nor a radiologist, but the moth-eaten look of far-advanced tuberculosis was all too evident. Half in disbelief, I asked, "Is this patient still alive?"

Dr. Hanley's reply was bitterly distinct: "He is. And until I saw him yesterday and sent him to the sanatorium, he'd been living with his daughter and son-in-law—*and five small grandchildren.* The pediatric service is working up the children now."

George Hanley picked up a history sheet from his desk. "And get this: The very same patient's been receiving vitamin shots three times a week from one of our colleagues! The man complained of fatigue, and his doctor never even laid a stethoscope on him. And you know who I mean."

"Yes, I know who," I sighed. As secretary of the county medical society, I was thoroughly familiar with the disgraceful way this "Dr. X" handled many of his cases.

"Well, dammit, let's do some-

THE AUTHOR *is a practicing anesthesiologist and a medical society secretary who writes here under a pen name. Except for the disguising of certain identifying details, his story is wholly factual.*

lic and the profession'

thing! This has been going on for years. That man shouldn't be allowed to treat another patient!"

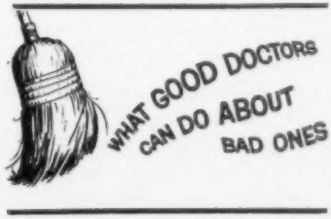
I promised to call a meeting of the county medical society's executive committee for the following night.

That was a year ago. We had that meeting and many more like it. We called in Dr. X to testify. We went to the state medical association. We notified the state examining board.

The result? Dr. X was suspended from membership in the county medical society. The effect on his practice? Negligible. He was removed from the list of practitioners eligible for V.A.-paid treatment of veterans. Otherwise, he goes blundering along—a menace to our community's health and to our profession's good name.

We've all read about the malpractice threat. An experienced anesthesiologist can see a patient through hours of complicated surgery—but if the patient wakes up with a loose tooth, he's off to see his lawyer. Qualified physicians who perform hazardous procedures work daily under a medicolegal burden.

But for people like Dr. X—with his just plain bad practice—there doesn't seem to be any such deterrent. He always gives the patient exactly what the patient wants. One woman gets a shot of penicillin once a week for arthritis. Barbiturates? Just ask him for them. Tubes tied off? Step right into his private hospital. Patient-confidence? He's developed it to a surprising degree. A patient



had her common duct accidentally severed during one of Dr. X's twenty-minute cholecystectomies. She went to the big city and got it fixed; and as soon as she had recovered, Dr. X took out her uterus.

This shameful tale does have a useful point. In this exciting era of American medicine, we doctors mustn't forget that we have developed a blind spot. It's not occupied by the experienced physician who, taking risks to get results, is subject to the occasional human error. It's occupied by the practitioner of bad medicine. He's tolerated by licensing boards; and although he flouts medical ethics, still he continues in the practice of medicine.

In many states, licensing boards are reluctant to withdraw that precious license to practice. No one enjoys depriving a fellow physician of his means of making a living. But in my state, overconservatism has been the rule. I've reviewed the major causes for withdrawal of the practice privilege. I've found them to be drug addiction, psychoses, severe alcoholism, perversion, and criminal acts. As far as I know, a license has never been revoked for sheer bad practice.

To many people who should know better, it comes as a revelation to learn that the county medical society is often powerless to act in such cases. I recently discussed a case with an investigator for the Food and Drug Administration. The case involved no illegality—just bad practice—and the investigator thought the county medical society could force the doctor concerned to adopt higher standards. But it simply doesn't work that way.

Entirely on our own initiative, we local doctors are trying to change all that. We've formed an advisory committee of mature physicians of the highest integrity. These men work with the executive committee of the county medical society. They're men who can discern the difference between old-fashioned but harmless methods of practice and the destructive acts of the flagrant violator of ethics—or even of law.

This committee collects, proc-

Status quo for disciplinary cases?

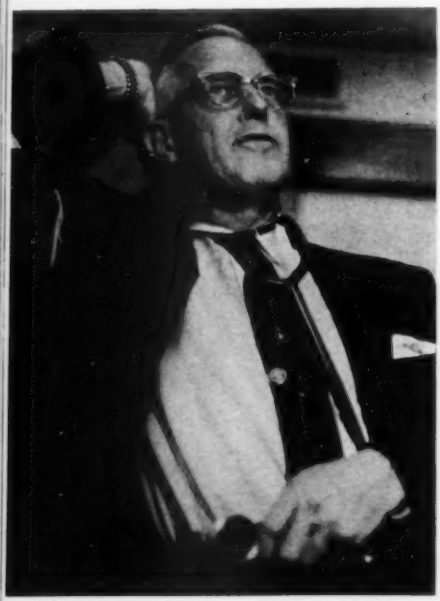
"Our disciplinary system is O.K. ► The courts handle malpractice and criminal acts. And state licensure indicates a certain competency. It's better to let a few men keep on practicing poor medicine than to open the door to acrimonious and destructive judging of skill."

Robert M. Metcalfe, M.D.
Crossville, Tenn.

◄ *"Some patients are so badly informed about what makes a good doctor that steps should be taken to educate them. When you consider the number of people who go to chiropractors and other 'off-brands,' you despair of doing anything about our fringe operators."*

George H. Misko, M.D.
Lincoln, Neb.

'It's the younger men who need watching'



"This bad-doctor problem exists chiefly among younger men. I've yet to meet a middle-aged or older doctor who didn't react favorably to well-directed questioning and counsel. Ample proof of this is the vast improvement in medical care in the past forty years."

Francis E. Sultzman, M.D.
Hannibal, Mo.

"The best way to handle problem doctors is to catch them before they reach medical school. This is now recognized by admissions committees. They're beginning to be as interested in a man's character as they are in his intellectual capacity and industry."

Arthur J. Merrill, M.D.
Atlanta, Ga.

esses, and documents information. It disregards the unfounded accusations of the envious competitor. When it presents a case to the state licensing board, that case is precise and well documented.

In our community, there's an 80-year-old G.P. who still sees a few patients. His medical career has been by no means a brilliant one, but he hasn't caused any particular harm. He recognizes his shortcomings, and, though not a staff member, he faithfully attends the clinics and conferences of the local general hospital. No one seeks this doctor's license. Nor does our committee intend to jeopardize the license of the M.D. who misses a cut tendon or has bad luck with a fracture.

One man whose license *is* fair game for us administered unnecessary liver shots to a patient every week for five years. When she developed serum hepatitis from his improperly sterilized syringes, he continued the injections through her jaundiced skin.

Another license we want belongs to the doctor who for many months sold twenty capsules of Nembutal at $10 a week to a patient without ever seeing her. She was finally hospitalized in coma.

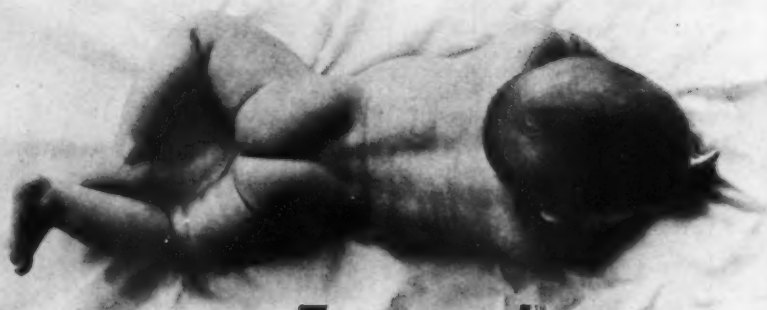
Still another man we want out of our profession treats nonexistent diabetes with once-a-week injections of insulin.

These Dr. Xs aren't simply practicing poor medicine. They're practicing *bad* medicine. They're more than merely ineffectual. They're a hazard to all, and it's high time our profession put a stop to it.

'Bad care is commoner than you think'

"Time and again I see the results of marginal or inferior practitioners at first hand," says Dr. Vincent J. Fisher, resident in internal medicine at a New York City hospital. "In my two and a half years' experience in ward service and in taking night calls, I'd estimate the incidence of poor and even harmful care in New York at about one case in ten."

are opiates now outmoded in pediatric diarrhea?



Entoquel™ syrup

(Thihexinol methylbromide)

the first pharmacologically-specific, non-narcotic antiperistaltic agent ■ controls diarrhea as rapidly and effectively as opiates ■ without the undesirable properties of opiates ■ pleasant butterscotch flavor

AND WHEN THE DIARRHEA IS BACTERIAL IN ORIGIN

Entoquel with Neomycin syrup

(Complete information regarding the use of Entoquel Syrup and Entoquel with Neomycin Syrup is available on request.)

Supplied: Entoquel Syrup – each 5 cc. contains 5 mg. thihexinol methylbromide, bottles of 6 oz. Entoquel with Neomycin Syrup – each 5 cc. contains 5 mg. thihexinol methylbromide and 50 mg. neomycin (from the sulfate), bottles of 6 oz. Available on Rx only.

Arlite WHITE LABORATORIES, INC., Kenilworth, New Jersey

'There are 15,000 to 20,000 doctors like him'

That's one expert's estimate of how many actual and potential bad apples there are in medicine today. Here he tells you how they get that way

Here's a statistic for you to mull over: Nearly 10 per cent of your colleagues are actual or potential disciplinary problems!

That figure comes from a man who knows plenty about medicine's Dr. Xs: Harold E. Jervey of Columbia, S.C. Dr. Jervey is a consultant to the A.M.A.'s Medical Disciplinary Committee, which has been pondering for the past two and a half years how best to handle "problem" doctors. He's been secretary of his state's Board of Medical Examiners since 1955. He's also a past-president, and currently treasurer, of the Federation of State Medical Boards. In a recent interview with MEDICAL ECONOMICS' Robert L. Brenner, Dr. Jervey provided some important background information on the number of bad apples and the reasons therefor—as follows:

Q. Dr. Jervey, you've said publicly that between fifteen and twenty thousand doctors in practice today are disciplinary problems. How accurate is that figure?

A. It's the best estimate we've got. Men with long experience in this field agree that

from 2 to 3 per cent of doctors in active practice are narcotics addicts, alcoholics, abortionists, or are involved in other prosecutable offenses. That's 5,000 or more offenders right there. If we broaden our definition of problem doctors to include men who are merely unethical—the chronic patient-stealers, those who treat for pneumonia when the patient has only a common cold, etc.—I think the figure might well be tripled.

Q. You've also said that med-

There's a need for a central clearinghouse of information on doctors disciplined by their state boards of medical examiners. How to organize it was discussed at this recent meeting of the executive committee of the Federation of State Medical Boards. Committee members (l. to r.) are Drs. Louis Jones, H. E. Jervey, George Lage, A. M. Gehret, R. C. Derbyshire, E. C. Swanson, and Stiles Ezell.

FOR YOUR CLINICAL TRIAL

BECAUSE VAPONEFRIN HAS SUCH AN OUTSTANDING RECORD OF SUCCESS WITH INTRACTABLE ASTHMA AND EMPHYSEMA PATIENTS, WE MAKE THIS UNUSUAL OFFER...

Free—a Vaponefrin Inhalation Set for your difficult-to-manage asthma patient!

(USE COUPON BELOW)

The test of efficacy with any medication can usually be best determined in a difficult case. This is why we say, select one of your difficult-to-manage asthma patients to determine the outstanding advantages of Vaponefrin (racemic epinephrine). Over 163 clinical references* present such an impressive record of success that we offer a Vaponefrin Inhalation Set to your patient free—confident that you will find it the most effective therapy for continued use. The Set will be sent to your office so that you may present it to the patient and instruct him on its use.

Vaponefrin can be used confidently even in hypertensive or cardiac patients[1] / is less likely to cause tachycardia than isoproterenol[2] / causes virtually no pressor effects[3] / is far more stable than l-epinephrine.[4]

And, unlike many nebulizers which produce an ineffective "rain" of droplets—the Vaponefrin Nebulizer provides a penetrating mist, consistently produces particles in the critical range of 0.5 to 3 microns.[5]

SUPPLIED: Solution, bottles of 7.5, 15 and 30 cc.: Nebulizers, Standard and Pocket size. Also Aerosol Unit. **REFERENCES:** 1. Digilio, V. A., and Munch, J. C.: Ann. Allergy 13:257, 1955. 2. Bickerman, H. A., and Barach, A. L., in Modell, W., Ed.: Drugs of Choice. St. Louis, The C. V. Mosby Co., 1958-59, p. 582. 3. Farber, S. M., and Wilson, R. H. L.: Ann. Int. Med. 50:1241, 1959. 4. Munch, J. C., et al.: J. Am. Pharm. A. (Scient. Ed.) 40:526, 1951. 5. Segal, M. B., and Dulfano, M. J.: Chronic Pulmonary Emphysema, New York, Grune & Stratton, 1953, pp. 99-100. *Bibliography available on request.

The VAPONEFRIN Company/666 Fifth Ave., New York 19, N.Y.
In Canada, 95 Tycos Drive, Toronto 19, Ontario

The VAPONEFRIN Company • 666 Fifth Ave. • New York 19, N.Y. Att: Professional Service Dept. RA

Gentlemen: Please send me a complimentary Vaponefrin Inhalation Set for clinical evaluation with the patient indicated.

Name_____ M.D.

Street_____

City_____ Zone_____ State_____

Patient Identification_____

LEDERLE INTRODUCES
A NEW TRANQUILIZER

TRE

HELPS THE
PATIENT
"BE HIMSELF"
AGAIN . CALM,
YET FULLY
RESPONSIVE...
USUALLY
FREE OF
DROWSINESS
OR EUPHORIA

E PIDONE®

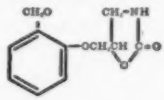
Mephenoxalone Lederle

TO RESTORE
THE NORMAL PATTERN OF
EMOTIONAL RESPONSE

TREPIDONE Mephenoxalone is a new tranquilizer which has shown the capacity to relieve mild to moderate anxiety and tension without detracting significantly from mental alertness. Treated patients have shown little tendency to become sleepy or detached from reality, or to experience euphoria as a result of the drug. They generally respond normally to everyday situations ... require fewer restrictions on activities, and tend to complain less frequently.

Extensive trials have shown no habit-forming properties or adverse effects on withdrawal, even after long-term administration. Complete information on indications, dosage, precautions and contraindications is available from your Lederle representative, or write to Medical Advisory Department.

chemically distinct
from previous tranquilizers



Average adult dosage: One 400 mg. tablet, four times daily. Supplied: Half-scored tablets 400 mg. TREPIDONE Mephenoxalone, bottle of 50.

LEDERLE LABORATORIES
A Division of
AMERICAN CYANAMID COMPANY
Pearl River, New York

ical schools are failing badly in teaching ethics. How so?

A. I recently surveyed all our medical schools. Of the seventy-two that replied, thirty give no formal instruction in ethics or in their state's medical practice act. Twenty-eight make a stab at integrating this material with their other courses. Only fourteen have formal lectures on these subjects. I think many young doctors drift into trouble simply because they weren't taught to avoid it.

Q. Can a man with enough brains to earn his M.D. really "drift" into becoming, say, a narcotics addict simply because of something he wasn't told in medical school?

A. I've reviewed case after case in which it happened. Often the victim had a serious illness and tried to return to practice too soon. Perhaps he took some Demerol to keep going. Pretty soon he was relying on the stuff; he was hooked. And I say it's chiefly because the danger of addiction wasn't driven home to him in medical school. What he should have been told is this: "It's not only dangerous but against the law for you to give yourself a shot under any circumstances. If you ever need a drug, get a colleague to prescribe it for you and to supervise what you take."

Q. In what other ways have you seen medical men drift into trouble because they didn't know any better?

A. Take the field of fraudulent accident-injury claims. A young doctor who's fairly new in town sees a patient who's been shaken up in a car wreck. He examines him, prescribes something to calm him down, and charges him $10 for the visit.

Later, he gets a call from the patient's lawyer. "I intend to show in court that my client's nerves have been shattered," the attorney says. "But your low charge for his emergency treatment doesn't support our case. Don't you think you've underestimated the value of your services?"

A young doctor often doesn't know enough to check with his medical society or with another local doctor in such cases. Instead, he lets himself get talked

in mild or moderate rheumatoid arthritis...Decagesic maintains

a majority of patients on B.I.D. dosage...economically

Through the "antidoloritic"* effects of DECAGESIC you can maintain your patients with mild or moderate rheumatoid arthritis on the lowest possible steroid dosage, yet obtain improved functional status and greater relief of pain. DECAGESIC provides DECADRON®, for suppression of inflammation, and aspirin, for control of pain on movement. In many patients, higher-dosage steroid regimens may be replaced without loss of control, and long-range treatment continued with greater safety. DECAGESIC also adds a sense of well-being.

Simplified, economical regimen: DECAGESIC is usually effective in convenient twice-a-day dosage; cost of daily therapy is generally less than that of prednisone, prednisolone, and other corticosteroids.

This regimen provides a total daily dosage of: 1 mg. of DECADRON® dexamethasone' • 2000 mg. of aspirin (acetylsalicylic acid) • 300 mg. of aluminum hydroxide (as the dried gel).

Indications: At B.I.D. maintenance levels—mild to moderate rheumatoid arthritis; at T.I.D. or Q.I.D. dosage levels—for acute, painful inflammatory musculoskeletal conditions and other conditions in which the conjunctive use of steroid and salicylate is indicated.

Dosage: Average maintenance dosage 2 tablets B.I.D. Some patients may require one or two additional tablets in a T.I.D. schedule. In patients with occasional local flare-ups, Injection DECADRON Phosphate in the affected joint will control the exacerbation, without the need for increased oral dosage. The usual precautions of corticosteroid therapy should be observed. Before prescribing or administering DECAGESIC or DECADRON, the physician should consult detailed information on use accompanying the package or available on request.

Supplied: Bottles of 100. Each tablet contains 0.25 mg. of DECADRON dexamethasone, 500 mg. of aspirin (acetylsalicylic acid) and 75 mg. of aluminum hydroxide (present as the dried gel). Injection DECADRON Phosphate in 5-cc. vials, each cc. containing 4 mg. of dexamethasone 21-phosphate as the disodium salt; 8 mg. creatinine; 3.2 mg. sodium bisulfite, USP; 10 mg. sodium citrate, USP; 5 mg. phenol, USP; sodium hydroxide, USP, to adjust pH; water for injection, q. s. 1 cc.

***The term "antidoloritic" is used by Merck Sharp & Dohme to describe an agent designed to allay pain associated with inflammation—dolor = pain, itic = associated with inflammation. DECAGESIC and DECADRON are trademarks of Merck & Co., Inc.**

Decagesic

dexamethasone with aspirin and aluminum hydroxide

conservative management of mild or moderate rheumatoid arthritis

MERCK SHARP & DOHME
Division of Merk & Co., INC., West Point, Pa.

into hiking his bill sky high. After he does this a few times, he finds he's getting a lot of insurance work. Before long, he's enmeshed in a practice that's as unethical as it is lucrative. Again I say that far fewer situations like this would develop if medical schools had more instruction in ethics.

Q. How do you think this instruction could best be handled?

A. Between the time he matriculates at medical school and the time he enters private practice, every man should get at least three and probably six hours of formal courses in medical ethics and medical practice laws.

The former should be given by men on their medical society's ethics committee, the latter by men from the state licensing body. The students should see actual case histories of doctors who've lost their licenses or who've been disciplined at the local level. Prob-

new Tandearil® Geigy

brand of oxyphenbutazone

a new development in nonhormonal, anti-inflammatory therapy

more specific than steroids—
Acts directly on the inflammatory lesion **without** altering pituitary-adrenal function . . . **without** impairing immunity responses.[8-11]

more dependable than enzymes—
Rapid and complete absorption, without the uncertainty of oral or buccal enzyme therapy.[6]

more potent than salicylates—
Anti-inflammatory potency of Tandearil markedly superior to aspirin.[12]

Remarkably useful in a wide variety of inflammatory conditions, including: rheumatoid arthritis, spondylitis, osteoarthritis[1,2,3]; gout[1,4,3]; acute superficial thrombophlebitis[5-7]; painful shoulder (peritendinitis, capsulitis, bursitis, and acute arthritis of that joint)[1-4]; severe forms of a variety of local inflammatory conditions[8,9,10]

The physician should be thoroughly familiar with the dosage, side effects, precautions and contraindications of Tandearil before prescribing. Full product information available on request.

[redacted]
Round, tan, sugar-coated tablets of 100 mg. in bottles of 100 and 1000.

References:
1. Graham, W.: Canad. M.A.J.: 83:1005 (May 14) 1960. 2. Vaughn, P. P.; Howell, D. S., and Kiser, I. M.: Arth. and Rheumat. 2:212, 1959. 3. O'Reilly, T. J.: Irish M.A. 46:105, 1960. 4. Connell, J. F., Jr., and Rousselot, L. M.: Am. J. Surg. 98:31, 1959. 5. Brodie, B. B., et al., in Contemporary Rheumatology 1958, p. 360. 6. Stein, I. D.: Ann. N.Y. Acad. Sc. 86:307 (March 30) 1960. 7. Sarczyk, W., and Roth, W.: Praxis 49:589, 1960. 8. Rousselot, L. M.: Am. J. Surg. 97:626, 1959. 9. Summary of individual case histories submitted to Geigy. 11. Domenjoz, R.: Ann. N.Y. Acad. Sc. 86:263, 1960. 12. Smyth, C. J.: Ann. N.Y. Acad. Sc. 86:292, 1960.

[redacted]
Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York

ably a film presentation would be most effective.

Q. What about the 200,000 or so doctors already in practice?

A. There's no question that they need similar instruction. Ethics and discipline are the most neglected fields in medicine. It's almost never discussed at local or state society meetings. And until the Medical Disciplinary Committee made its recent report, even the A.M.A. had shied away from the subject for years.

But if really interesting material on these issues were available to local and state medical socieites, I'm sure they'd present it. Someone at the national level (possibly the Federation, working with the A.M.A.) should prepare a whole series of programs in this field —programs dealing with questions like these: What should I do about a colleague whom I suspect of deliberately overtreating patients? When is it ethical for me to accept another doctor's patient as my own? What does "unprofessional conduct" really mean in my state?

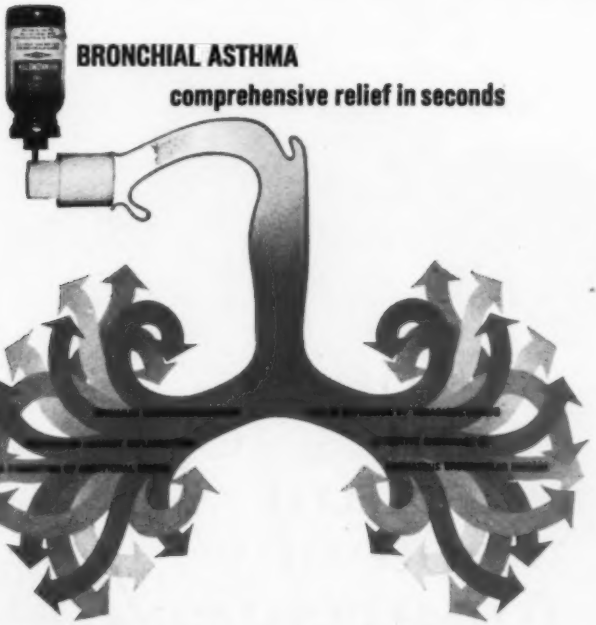
If we can get doctors attending such programs, they'll reawaken to their responsibility for policing themselves. You can't expect a man to take ethics and discipline seriously when they're officially ignored.

Q. How would these programs reach the thousands of doctors who aren't medical society members?

A. Only indirectly, I'm afraid. But if their medical society colleagues start taking a real interest in policing the profession, the lone wolves are bound to hear about it. Meanwhile, the main burden of disciplining these men will rest with the state board of examiners. Unfortunately, even these boards aren't nearly so effective as they should be.

One of the biggest loopholes in medical discipline is that too few people hear about it when a doctor gets punished by his state board. A man with two licenses can be on probation for narcotics addiction in one state for years, and his second state's authorities may never learn about it.

I'd like to see the Federation



BRONCHIAL ASTHMA

comprehensive relief in seconds

NEW BRONKOMETER®

pocket-size antiasthmatic aerosol that is more than just a bronchodilator

CLEARS AND DILATES WITH MINIMAL SIDE EFFECTS

Bronkometer is a synergistic combination of isoetharine (a new bronchodilator); phenylephrine (bronchodilator-bronchovasoconstrictor-decongestant); and thenyldiamine (bronchodilator-antihistamine). These agents reinforce each other to give asthma patients a significant increase in vital capacity.

Because a smaller amount of each active agent is required than would be necessary if each were administered separately, Bronkometer has a wide margin of safety. And the pocket-size aerosol, complete with measured-dose valve and oral nebulizer, allows the use of the ideal route of administration for combating acute attacks.

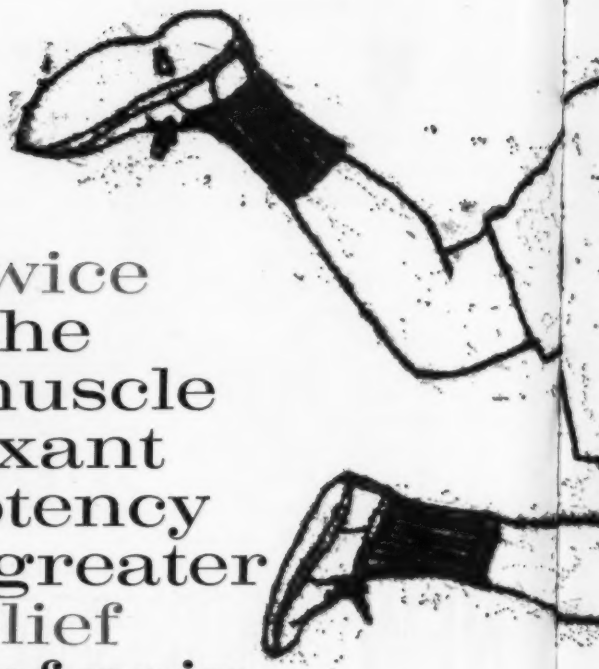
(Also available: Bronkospray®, antiasthmatic solution for use in a conventional nebulizer.)

Bronkometer delivers at the mouthpiece 200 measured doses of: 350 mcg. isoetharine methanesulfonate (0.6%); 70 mcg. phenylephrine HCl (0.125%); and 30 mcg. thenyldiamine HCl (0.05%) with inert propellants and preservatives. Average adult dose is one or two inhalations. Occasionally, more may be required. Even though Bronkometer has a wide margin of safety, the usual precautions associated with the use of sympathomimetic amines should be observed.

Bibliography: 1. Spielman, A. D.: Evaluation of a New Antiasthmatic Compound Aerosol, In press. 2. Lands, A. M. et al.: The Pharmacologic Actions of the Bronchodilator Drug, Isoetharine, J. Am. Pharm. A. (Scient. Ed.) 47:744 (Oct.) 1958.

For full information on Breon's five antiasthmatics, see pp. 538-539 of the 1961 Physicians' Desk Reference plus the 2nd, 3rd or 4th quarterly supplement.

a full line of antiasthmatics designed to meet every patient's need — BREON — **Rx Products Division, Breon Laboratories Inc., N. Y., N. Y.**



twice
the
muscle
relaxant
potency
for greater
relief
of pain
and spasm

NEW PARAFON

Combining a superior skeletal muscle relaxant[1-3] with a preferred musculoskeletal analgesic,[4,5] *new* PARAFON FORTE rapidly relieves *both* stiffness and associated pain of strains or sprains resulting from trauma or too-vigorous, unaccustomed exertion. PARAFON FORTE facilitates recovery by improving function. PARAFON FORTE is equally effective in other musculoskeletal disorders, such as myositis, whiplash injuries, low back pain, and fibrositis. Side effects are rare, almost never require discontinuation of therapy.

N FORTE

PARAFLEX[3] Chlorzoxazone[4] 250 mg.
TYLENOL[5] Acetaminophen 300 mg.

Dosage: Two tablets q.i.d. *Supplied:* Scored, light green tablets, imprinted "McNEIL," in bottles of 50.

References: (1) Settel, E.: Clin. Med. *6*:1373, 1959. (2) Peak, W. P., and Smith, P. T.: Penn. Med. J. *63*:833, 1960. (3) Mayle, F. C.; Sullivan, P. D., and Auth, T. L.: Med. Ann. D. C. *28*:499, 1959. (4) Roth, J. L. A.: Med. Clin. N. Amer. *41*:1517, 1957. (5) Batterman, R. C., and Grossman, A. J.: J.A.M.A. *159*:1619 (Dec. 24) 1955.

[3]U.S. Patent No. 2,895,877

374C61

McNEIL LABORATORIES, INC.
Fort Washington, Pa.

McNEIL

of State Medical Boards set up a central filing system to which every board would automatically report any doctor it disciplined. At regular intervals—perhaps every three months—the Federation would send these names to all fifty state boards.

Q. Would that mean that a doctor with several licenses would lose them all if he lost one?

A. Not necessarily. It would depend on the different states' medical practice laws and on what the different state boards considered appropriate action. The important thing is that all the state boards would *have* this information. A man is going to think twice before he jeopardizes his privilege to practice in all fifty states.

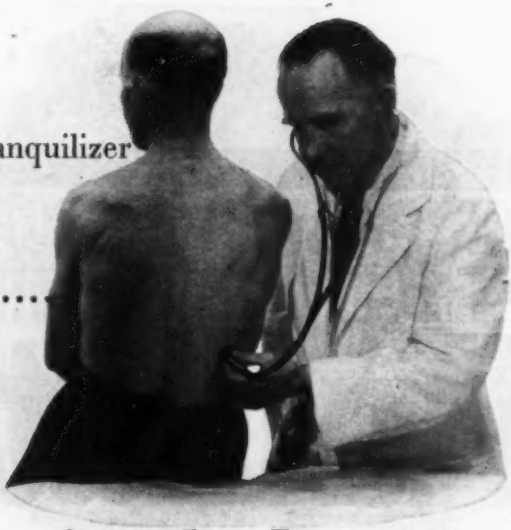
Q. Has the Federation made any progress in setting up this clearinghouse program?

A. We've already asked the A.M.A. Board of Trustees for $25,000. If we get it—and I have high hopes—we can set up an office and hire a staff right away. This staff can start soliciting the big foundations for the funds we need to get the program going.

Q. What makes you think the foundations will cooperate?

A. The American Bar Association recently got a big grant to set up a program for lawyers very similar to the one I've just outlined. I'm optimistic about our getting a grant, too. And if we do, I know fewer doctors around the country will be inclined to take medical discipline lightly.

New
diuretic-tranquilizer
for
congestive
failure.....



Drains the Lungs ...Calms the Fear

and helps the patient breathe

Miluretic combines hydrochlorothiazide and Miltown in a single tablet — making the treatment of congestive failure simpler for you and cheaper for the patient.

Miluretic's hydrochlorothiazide component drains the lungs of excess fluid to help the patient breathe comfortably — while the Miltown component calms the patient's fear and anxiety about his condition.

Saves the patient's money. A prescription for Miluretic is more than 20% cheaper than its two ingredients prescribed separately.

Composition: 25 mg. hydrochlorothiazide + 200 mg. Miltown (meprobamate).

Dosage: For congestive failure, 2 tablets four times a day. For hypertension, 1 tablet four times a day.

Supplied: Bottles of 50 white, scored tablets.

New **Miluretic**®

HYDROCHLOROTHIAZIDE + MILTOWN®

WALLACE LABORATORIES/*Cranbury, N. J.*

®TRADE-MARK

CMT-4804

FOR PROVEN EFFICACY IN INFECTIOUS DIARRHEAS

Humatin® KAPSEALS

(paromomycin, Parke-Davis)

A WELL-TOLERATED ANTIBIOTIC-AMEBICIDE

HUMATIN possesses high antibacterial and antiamebic activities, coupled with a low order of oral toxicity.[1] Because it is effective against many gram-negative pathogens, HUMATIN has proved valuable in the treatment of infectious diarrheas and other enteric infections, most of which are caused by bacilli of the gram-negative group.[2-5] Characteristic of the favorable response to HUMATIN is a prompt reduction in the number of stools per day, a decrease in fever, and rapid alleviation of other symptoms of infection.[2,3,5] HUMATIN is also useful in all phases of intestinal amebiasis,[1,5-12] and has shown promise of being useful in the preoperative suppression of intestinal flora,[5] and in the adjunctive management of hepatic coma.[13-15]

HUMATIN is not appreciably absorbed from the gastrointestinal tract and is, therefore, not effective against systemic infections. Systemic toxicity has not been a problem. *See medical brochure for details of administration, precautions, and dosage.*

SUPPLIED: HUMATIN (paromomycin, Parke-Davis) is available as the sulfate in Kapseals,® each containing the equivalent of 250 mg. of base, in bottles of 16.

REFERENCES: (1) Coffey, G. L., *et al.: Antibiotics & Chemother.* 9:730, 1959. (2) Courtney, K. O.; Thompson, P. E.; Hodgkinson, R., & Fitzsimmons, J. R.: *Antibiotics Annual* 7:304, 1959-1960. (3) Godenne, G. D.: *ibid.*, 310. (4) McMath, W. F. T., & Hussain, K. K.: *Pub. Health* 73:328, 1959. (5) Personal Communications to Department of Clinical Investigation, Parke, Davis & Company, 1959. (6) Shafei, A. Z.: *Antibiotic Med. & Clin. Therapy* 6:275, 1959. (7) Lopez Elias, F., & Oliver-Gonzalez, J.: *Antibiotic Med. & Clin. Therapy* 6:584, 1959. (8) Carter, C. H.: *Antibiotic Med. & Clin. Therapy* 6:586, 1959. (9) Thompson, P. E., *et al.: Antibiotics & Chemother.* 9:618, 1959. (10) Dooner, H. B.: *Antibiotic Med. & Clin. Therapy* 7:486, 1960. (11) Coles, H. M. T., *et al.: Lancet* 1:944, 1960. (12) Moffett, H. F., & Toh, S. H.: *Antibiotic Med. & Clin. Therapy* 7:569, 1960. (13) Fast, B. B.; Wolfe, S. J.; Stormont, J. M., & Davidson, C. S.: *Arch. Int. Med.* 101:467, 1958. (14) Mackie, J. E.; Stormont, J. M.; Hollister, R. M., & Davidson, C. S.: *New England J. Med.* 259:1151, 1958. (15) Stormont, J. M.; Mackie, J. E., & Davidson, C. S.: *New England J. Med.* 259:1145, 1958.

11078

PARKE-DAVIS

PARKE, DAVIS & COMPANY, Detroit 32, Michigan

'Self-discipline starts at the top'

The A.M.A. overhaul of its medical disciplinary set-up will give good doctors potent new weapons to use against bad ones

By Robert L. Brenner

"Some people are calling this report on medical discipline the biggest thing in medicine since the Flexner Report back in 1910. Frankly, we expect it to touch off a reformation in the same way the Flexner Report sparked a clean-up of medical school 'diploma mills.' "

That's one A.M.A. spokesman's comment on a report that may well affect you directly in coming months. The report winds up two and a half years' study by the A.M.A.'s Medical Disciplinary Committee.* It makes thirty specific recommendations—all of which the A.M.A. delegates approved in June—aimed at easing the way for good doctors to do something about bad ones.

The report doesn't pull punches. "State medical associations have not been as effective as they could be in the area of medical discipline," it says, "because of the practice of limiting their concern to matters that are appealed to them from the [county] level. . . . Con-

* Its members: Drs. Raymond McKeown (chairman), James H. Berge, Paul G. Henley, H. Thomas McGuire, E. G. Shelley, and Louis A. Buie; and consultants Drs. Harold E. Jervey and Stiles D. Ezell.

Patient M.J. ... one of the growing thousands of hypertensive patients controlled by Ismelin®

Mr. M.J., now 61, was admitted to a large teaching hospital in 1957 with mild pulmonary edema and severe hypertension (300/170 mm. Hg). Digitalis was given, along with reserpine and a ganglionic blocker.* He was discharged 16 days later, with blood pressure of 130/70 mm. Hg standing and 170/110 supine. Blood pressure, within 4 weeks, was 170/105 mm. Hg (sitting and standing). But ganglion-blocker therapy (alone or combined with chlorothiazide and/or rauwolfia) failed to hold blood pressure down and the side effects —syncope, lightheadedness, difficulty in evacuation and micturition— became increasingly troublesome.

Blood pressure controlled with Ismelin— patient active and comfortable

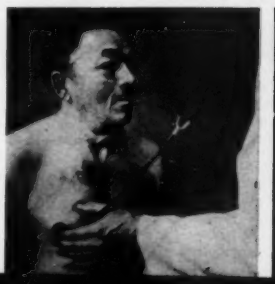
On March 1, 1960, the ganglionic blocker was replaced with SU-5864 (Ismelin†). Within 5 weeks, Mr. J. was nearly normotensive and "felt 100% better."

As of October 5, 1960, blood pressure was 174/100 sitting and 130/80 standing. There was no evidence of tolerance to Ismelin.

*Therapy for this patient, during the 3½ years of treatment described here, included digitalis and one or more of the following: rauwolfia, thiazides, Serpasil-Apresoline.
†SU-5864 was introduced by CIBA as Ismelin® on July 5, 1960.

CIBA
SUMMIT • NEW JERSEY

Photographs used with patient's permission.



..."the most important new drug for the treatment of hypertension..."[1]

Following are representative comments from the ever-increasing published reports on Ismelin:

Patients on Ismelin have controlled blood pressures

"Only 1 of the 27 patients did not respond to treatment....The reduction of the systolic and diastolic pressures averaged 11/13 per cent in the supine position, 17/17 per cent in the sitting position, and 25/22 in the erect position. There were, of course, varying responses in the blood pressure from patient to patient, but generally blood pressure reduction was consistent in all three positions. The postural effect was most striking."[2]

"...Guanethidine [Ismelin] is a potent agent which lowers the diastolic pressure in many cases previously resistant to therapy with rauwolfia, hydralazine, hydrochlorothiazide, and ganglionic blockade."[3]

"Though our experience is limited, we have little doubt that guanethidine [Ismelin] is at present the drug of choice [for severe hypertension]. Its action is apparently steady; tolerance does not develop; and outpatient care of cases is relatively easy."[4]

"The use of this extremely potent drug led in all cases, which were treated both in hospital and on an ambulatory basis, to a clear-cut reduction in blood pressure, often even to normal levels."[5]

Hypertensive patients on Ismelin are relatively comfortable

Ismelin, because it is the selective sympathetic inhibitor, allows patients to be relatively comfortable. Ismelin suppresses sympathetic function with virtually no effect on the parasympathetic nervous system.

"In contrast [to the ganglionic blocking agents], guanethidine [Ismelin] is a purely sympatholytic agent with a hypotensive potency similar to that of the ganglion blocking compounds but with a lesser incidence of accompanying untoward effects."[6]

"The absence of tachycardia distinguishes the action of guanethidine [Ismelin] from that of adrenergic blocking drugs..."[2]

"Guanethidine [Ismelin], administered alone, was given to 40 hypertensive patients without serious side effects."[7]

"Notably absent were the constipation, paresis of visual accommodation, and dry mouth characteristic of the parasympatholytic effects of ganglion blocking drugs."[8]

"The absence of constipation was especially noteworthy."[9]

"Diarrhea has been mild and easily controlled."[10]

"Dry mouth, constipation, and difficulty in micturition were not encountered in this study. Those patients who had previously been on ganglion blocking therapy were relieved of these symptoms remarkably quickly, as well as of blurring of vision, when [Ismelin] was substituted."[11]

"No serious side effects were seen, and all could be alleviated or abolished by reducing the dosage."[7]

Physicians note that patients prefer Ismelin

"The majority of patients preferred guanethidine [Ismelin] over their previous antihypertensive medications; those previously treated with ganglionic blocking agents were particularly grateful for relief of constipation and visual difficulties."[7]

"We believe that use of it lessened anxiety in our patients. Most were better satisfied with guanethidine than they had been with previous ganglion blocker therapy."[11]

"Unlike the impotence experienced after ganglionic blocking agents, ability to obtain an erection was not impaired."[2]

"Guanethidine [Ismelin] has remarkably few side effects. The absence of symptoms of parasympathetic blockade makes its use better tolerated by most patients than conventional ganglion blocking therapy."[11]

"Most patients who had been treated previously with ganglion-blocking drugs expressed a strong preference for guanethidine."[12]

"Life need no longer be made a misery by the parasympathetic effects of the ganglion-blocking agents."[4]

For complete information about Ismelin (including dosage, cautions, and side effects), see 1961 Physicians' Desk Reference or write CIBA, Summit, N. J.

SUPPLIED: Tablets, 10 mg. (pale yellow, scored) and 25 mg. (white, scored); bottles of 100.

REFERENCES: 1. Kirkendall, W. M., Freis, E. D., and Moyer, J. H.: Summary of panel discussion, "New Drugs in the Treatment of Hypertension," presented at the 33rd Scientific Sessions of the American Heart Association, St. Louis, Mo., Oct. 21, 1960. 2. Frohlich, E. D., and Freis, E. D.: Paper presented at a Symposium on Guanethidine (Ismelin®), The University of Tennessee College of Medicine, Memphis, Tenn., April 22, 1960. 3. Clark, G. M., Edmonson, J., and Lefkovits, A.: Ibid. 4. Evanson, J. M., and Sears, H. T. N.: Lancet 2:387 (Aug. 20) 1960. 5. Jaquerod, R., and Spühler, O.: Schweiz. med. Wchnschr. 90:113 (Jan. 30) 1960 (translation). 6. Brest, A. N., and Moyer, J. H.: Paper presented at a Symposium of Guanethidine (Ismelin®), The University of Tennessee College of Medicine, Memphis, Tenn., April 22, 1960. 7. Eagan, J. T., and Orgain, E. S.: Ibid. 8. Richardson, D. W., and Wyso, E. M.: Virginia M. Month. 86:377 (July) 1959. 9. Ford, R. V., and Fallis, N.: Paper presented at a Symposium on Guanethidine (Ismelin®), The University of Tennessee College of Medicine, Memphis, Tenn., April 22, 1960. 10. Page, I. H., and Dustan, H. P.: J.A.M.A. 170:1265 (July 11) 1959. 11. Kirkendall, W. M., Fitz, A. M., Van Hecke, D. C., Wilson, W. R., and Armstrong, M. L.: Ibid. 12. Dollery, C. T., Emslie-Smith, D., and Milne, M. D.: Lancet 2:381 (Aug. 20) 1960.

2/2004MB

SERPASIL®-APRESOLINE® hydrochloride
(reserpine and hydralazine hydrochloride CIBA)
ESIDRIX® (hydrochlorothiazide CIBA)

Ismelin®

sulfate
(guanethidine sulfate CIBA)

XUM

siderable apathy at the county and state level in taking action against offenders [has also] contributed to the situation."

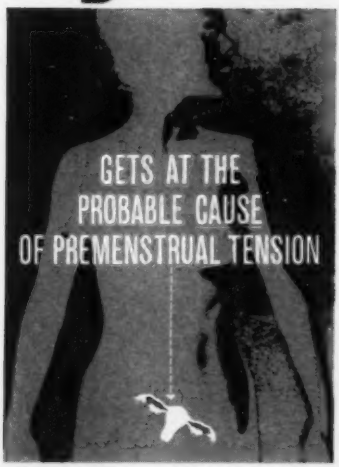
Why have medical men been apathetic about policing the problem doctors who are helping tarnish medicine's reputation? The report notes: "Some societies expressed fear that they would become involved in litigation of one sort or another if they pursued an aggressive disciplinary program. . . . Their action (or lack of it) was rationalized on the basis that these problems take care of themselves in time, or they are taken care of by the action of medical staffs and governing boards of hospitals."

The committee quickly dis-

The hard-hitting Medical Disciplinary Committee report was the highlight of the recent A.M.A. meeting. Here two committee members, E. G. Shelley (left) and Chairman R. McKeown, explain a point to the Colorado society's executive secretary, H. T. Sethman.

Upjohn

Cȳtran†



to restore hormonal balance...

CORRECTIVE THERAPY Because Cȳtran contains the new progestin, Provera*, you can now reach the probable cause of premenstrual tension—hormonal imbalance. The estrogen-progesterone ratio is adjusted to more normal premenstrual balance. Abdominal discomfort, shakiness, fatigue—symptoms incompletely controlled by mere symptomatic treatments—are often effectively relieved.

to comfort the patient...

SYMPTOMATIC THERAPY An effective diuretic (Cardrase*) and a mild tranquilizer (Levanil*) afford symptomatic relief during the time required to effect basic correction. They also supplement the activity of Provera in those patients in whom restoration of hormone balance does not completely eliminate edema and anxiety/tension.

Each tablet contains:

Provera (medroxyprogesterone acetate)	2.5 mg.
Cardrase (ethoxzolamide)	35 mg.
Levanil (octylurea)	300 mg.

Usual dosage: 1 to 2 tablets daily, 5-10 days before the period. **Supplied:** As layered tablets in bottles of 20 and 100. **Precautions:** Side effects following the use of Cȳtran are rare. The patient should be observed for possible sensitivity to one or more of the components. Drowsiness, if seen, may be relieved by decreasing the dosage. **Contraindications:** Cȳtran should not be used in patients with abnormal uterine bleeding until malignancy and all other organic pathologic conditions have been ruled out. Carbonic anhydrase inhibitors should not be administered in the presence of renal failure, hyperchloremic acidosis, Addison's disease, or any condition involving depressed sodium and/or potassium levels. Caution must be observed in the presence of symptomatic hepatic cirrhosis as acidosis may develop. Tranquilizing agents, generally, are not indicated in true depressive states without concomitant anxiety. † TRADEMARK

*TRADEMARK, REG. U. S. PAT. OFF

THE UPJOHN COMPANY • KALAMAZOO, MICHIGAN


I know
it is
effective

The continuing clinical effectiveness of Terramycin therapy derives as always from its proven antibiotic characteristics—rapid absorption; notably wide distribution in body tissues and fluids; high, active urinary concentrations; and a broad anti-infective spectrum embracing even such a troublesome organism as Pseudomonas. Additionally, Terramycin therapy provides the assurance of a 10-year record of exceptional toleration.

Cosa-Terramycin®

OXYTETRACYCLINE WITH GLUCOSAMINE

today's oral *form of Terramycin*

IN BRIEF

Cosa-Terramycin provides oxytetracycline (Terramycin®) with glucosamine for maximum absorption.

INDICATIONS: Because oxytetracycline is effective against both gram-positive and gram-negative bacteria, rickettsiae, spirochetes, large viruses, and certain parasites (amebae, pinworms), Cosa-Terramycin is indicated in a great variety of infections due to susceptible organisms, e.g., infections of the respiratory, gastrointestinal, and genitourinary tracts, surgical and soft-tissue infections, ophthalmic and otic infections, and many others.

ADMINISTRATION AND DOSAGE: Adults: 1 Gm. of oxytetracycline daily in four divided doses is usually effective. In *severe* infections, a larger dosage (2-4 Gm. daily) may be indicated. Infants and children: 10-20 mg. of oxytetracycline per lb. of body weight daily. Certain diseases are treated in courses.

SIDE EFFECTS AND PRECAUTIONS: Antibiotics may allow overgrowth of nonsusceptible organisms—particularly monilia and resistant staphylococci. If this occurs, discontinue medication and institute indicated supportive therapy and treatment with other appropriate antibiotics. Aluminum hydroxide gel has been shown to decrease antibiotic absorption and is therefore contraindicated. Glossitis and allergic reactions are rare. There are no known contraindications to glucosamine.

SUPPLIED: *Cosa-Terramycin Capsules,* 250 mg. and 125 mg. Terramycin is also available in: *Cosa-Terrabon® Oral Suspension,* a palatable preconstituted aqueous suspension containing 125 mg. per 5 cc. teaspoonful, bottles of 2 oz. and 1 pint; *Cosa-Terrabon® Pediatric Drops,* a palatable preconstituted aqueous suspension containing 5 mg. per drop (100 mg. per cc.), bottle of 10 cc. with calibrated plastic dropper; and *Terramycin Intramuscular Solution, conveniently preconstituted,* in the new 10 cc. multi-dose vial, 50 mg. per cc., and in 2 cc. prescored glass ampules, containing 100 mg. or 250 mg., packages of 5 and 100. In addition, a variety of other systemic and local dosage forms are available to meet specific therapeutic requirements.

More detailed professional information available on request.

Sciences for the world's well-being® Pfizer PFIZER LABORATORIES *Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York*

poses of this excuse for inaction. "Few [medical society] spokesmen had tangible evidence to support this contention," it reports. In fact, among the fifteen state and county societies the committee investigated, "only two states reported that litigation resulted from action taken by the state or county medical society." Four California doctors did fight their disciplinary committees up through the appellate courts during the past twenty years. But each case was decided in favor of the medical society.

A more plausible reason for not cracking down on offenders, the report implies, was given by

'State boards should concentrate on discipline—not licensure'

The efforts of most state boards of medical examiners, says the A.M.A. Medical Disciplinary Committee, "have largely ceased with the discharge of the licensing function. All too seldom are licensed physicians called to task by boards. . . . Greater emphasis should be given to ensuring competence and observance of law and ethics *after* licensure."

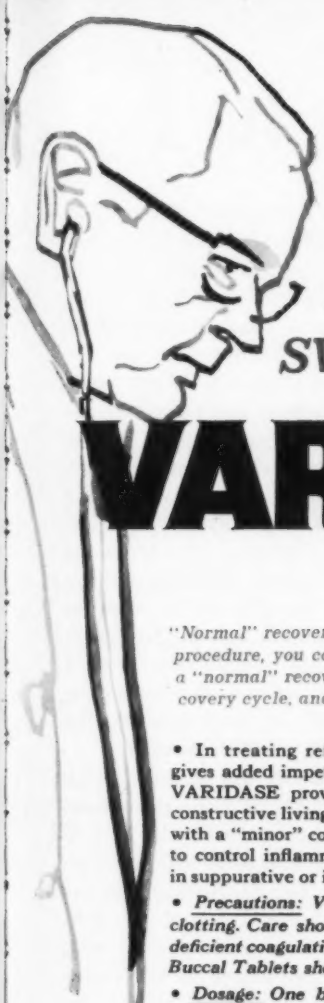
To accomplish this, the A.M.A. recommends that each state board henceforth:

1. Include questions on ethics and "proper socio-economic practices" in all licensure exams.

2. Check out all licensure applicants with the A.M.A. and other state boards.

3. Help the Federation of State Medical Boards draw up standard procedures for handling disciplinary cases.

4. Report all disciplinary activities yearly to its state governor, the state medical association, the A.M.A., and the Federation.



do all you can whenever there is local inflammation/ swelling/pain...

VARIDASE®

STREPTOKINASE-STREPTODORNASE LEDERLE

buccal tablets

"Normal" recovery is not enough. Now, by adding VARIDASE to your procedure, you can release your patient from the stress and pain of a "normal" recovery—put comfort in convalescence, shorten the recovery cycle, and reap the reward of greater patient appreciation.

• In treating refractory, chronic conditions, VARIDASE therapy gives added impetus to recovery. In common, self-limiting conditions, VARIDASE provides an easier convalescence with faster return to constructive living. This can be of major importance even to the patient with a "minor" condition. • VARIDASE Buccal Tablets are indicated to control inflammation following trauma or surgical procedures, and in suppurative or inflammatory lesions of subcutaneous and deep tissues.

• ***Precautions:*** *VARIDASE has no adverse effect on normal blood clotting. Care should be taken in patients on anticoagulants or with a deficient coagulation mechanism. When infection is present, VARIDASE Buccal Tablets should be given in conjunction with antibiotics.*

• ***Dosage:*** *One buccal tablet four times daily usually for five days. To facilitate absorption, patient should delay swallowing saliva.*

• ***Supplied:*** *Each tablet contains 10,000 Units Streptokinase, 2,500 Units Streptodornase. Boxes of 24 and 100 Tablets.*

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

a state society representative: "Local societies just do not cooperate," he told the committee. "The people who can give you information are either afraid to do so, or don't care once a problem doctor leaves their area."

There's your key to the laxity in medical discipline: the reluctance of doctors to act against a local colleague. And the smaller the medical community, the more deep-seated is this reluctance. Dr. Wallace S. Brooke, president of the Utah State Medical Association, recently told his society that it's "unworkable" to require doctors in a small community to discipline their colleagues.

What's needed to put teeth into medical discipline, the report points out, is some way to end the "hear no evil, see no evil" attitude many doctors have developed. It should be possible to bring an offender to account without requiring another doctor to file formal charges against him. And, the report continues, doctors in very small medical societies may have to be relieved of responsibility for judging a fellow member.

Three of the Medical Disciplinary Committee's recommendations adopted by the A.M.A. delegates in June will eventually give you and your colleagues the weapons needed to fight medical abuses. In effect, they'll encourage action to be started against an offender not only by his local society, but by his state society or even the A.M.A. itself. The three key recommendations:

1. Both county and state so-

'Today's young doctors are short on ethics'

So states the A.M.A. Medical Disciplinary Committee. Why? "Medical schools have not provided adequate instruction in this field." To give new doctors better training in medical ethics, it urges that:

1. Medical schools develop and present required courses in ethics and socio-economic principles.

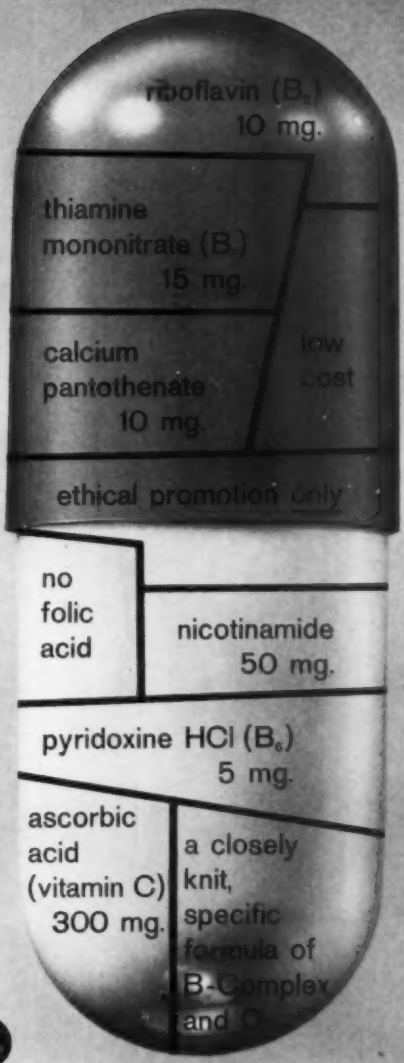
2. The Council on Medical Education and Hospitals require that every teaching hospital give lectures on these subjects to all internes and residents.

cieties should "utilize grievance committees as 'grand juries' to initiate action against an offender, so as to obviate the necessity of making an individual member of a medical society complain against a fellow member."

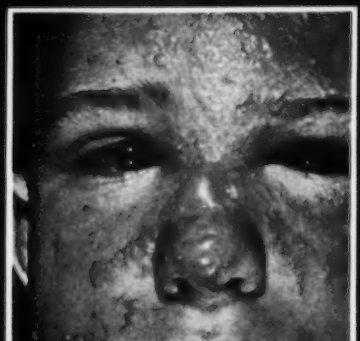
Here's how one Medical Disciplinary Committee member explains this approved proposal:

"Let's say you feel sure a colleague is defrauding a local health insurance plan. Instead of filing a formal complaint against him with your local grievance committee, you simply call a committee member and give him your facts. That's all the committee needs to start an investigation. They ask the health plan how Dr. X's claims compare with those of other doctors in the area. If they're way out of line, they call in Dr. X to explain. If he hasn't got a satisfactory explanation, they refer the case to the local ethics

this is what Allbee® with C is made of!

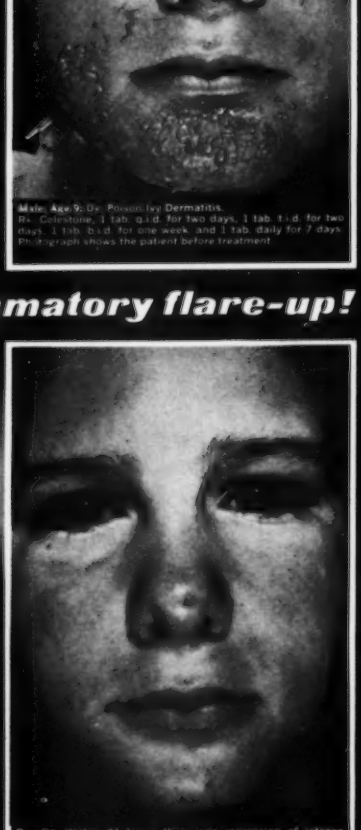


A. H. Robins Company, Inc.
Richmond 20, Virginia



Male, Age 9. Dx: Poison Ivy Dermatitis.
Rx: Celestone, 1 tab. q.i.d. for two days, 1 tab. t.i.d. for two days, 1 tab. b.i.d. for one week, and 1 tab. daily for 7 days. Photograph shows the patient before treatment.

Allergic/inflammatory flare-up!



Results: Within 24 hours there was regression of intense inflammation and vesicles as well as a high degree of relief from itching. The patient had cleared completely at the end of teh days. Photograph after three days. (Photographs courtesy of M. Murray Neerman, M.D., Calumet City, Ill.)

Schering

A new achievement in corticosteroid activity: CELESTONE (betamethasone) has been called "perhaps the most important step ahead since the discovery of prednisone and prednisolone..."[1] and "unquestionably the most active adrenocortical steroid we have studied to date."[2] Pre-introductory clinical studies have established not only the high antiallergic/anti-inflammatory activity of CELESTONE but also its "low incidence of side effects...[and] absence of new toxic effects...."[3]

Three significant clinical advantages: In reporting results of a study of 154 dermatologic patients, treated up to 9 months, the investigators[1] cite as "three important clinical advantages of betamethasone [CELESTONE]: its almost uniform effectiveness at exceptionally low dosages, the striking absence of hormonal side effects in our series, and the ability of this corticosteroid to elicit a good therapeutic response in patients who had previously done poorly on other steroids."

Rapid remission with new Celestone

the first major advance in corticosteroid therapy in over 2½ years

Greater utility–ease of use: Gratifying results have been achieved with CELESTONE in a broad range of steroid-responsive disorders, from bronchial asthma and pollenosis to allergic dermatoses, inflammatory ocular diseases and rheumatoid arthritis. Rapid subsidence of allergic or inflammatory flare-up can usually be expected on average daily dosages of from 2 to 8 tablets. The single tablet strength (0.6 mg.) simplifies dosage schedules and facilitates proper dosage adjustment when patients are switched from other corticosteroids.

Safety-speed factor: Results with CELESTONE in 353 dermatologic patients[2] indicate that "its high degree of effectiveness and virtual absence of side effects in low dosages, which permit a simplified therapeutic regimen, make betamethasone [CELESTONE] an exceptionally useful corticosteroid in acute, short-term conditions."

For complete details, consult latest Schering literature available from your Schering Representative or the Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

Bibliography: 1. Gant, J.Q., and Gould, A.H.: Betamethasone: A Clinical Study. Paper presented at First Conference on the Clinical Application of Betamethasone – A New Corticosteroid, New York City, May 8, 1961. 2. Nierman, M.M.: The Use of Betamethasone in Dermatology. *Ibid.* 3. Frank, L.: The Place of Betamethasone in Dermatologic Practice. *Ibid.*

M-390

NEW CELESTONE™

(betamethasone) **Tablets 0.6 mg.**


Safe & Sound

committee for disciplinary action."

The point to note here is that the physician who first reported Dr. X never enters the picture. If formal charges are made, it's the grievance committee that makes them, not an individual doctor. And if the committee's informal investigation clears Dr. X, he'll never even know he was investigated; the committee will simply drop the case.

This system is also geared to relieve very small societies of the responsibility for judging a member. If a grievance committee feels that it can't investigate or discipline a member impartially, it can simply pass the case on to the state society's grievance committee for action.

Here's the second key proposal approved by the A.M.A.:

2. State societies should change their by-laws to let them initiate *action against an offender whenever "serious violations of ethical principles have occurred without necessary corrective action being taken first at local level. . . ."*

Only five or six state medical societies now have by-laws per-

after eleven million treatment courses*...

through the years... consistently broad antibacterial action against urinary tract pathogens

"It was interesting to observe that nitrofurantoin [FURADANTIN] showed a consistent in vitro effectiveness against the bacteria tested throughout the four year period, thus revealing negligible development of bacterial resistance, if any, through the years."[1]

*Conservative estimate based on the clinical use of FURADANTIN tablets and Oral Suspension since 1953.

co

...w
as lo
1. Jotiff
2. Lippo

XUM

consistently broad antibacterial action

...was given continuously and safely for as long as three years."[1,2]

1. Jotiff, C. R., et al.: Antibiot. Chemother. (Wash.) *10*:694, 1960.
2. Lippman, R. W., et al.: *J. Urol., Balt. 80*:77, 1958.

Furadantin®

brand of nitrofurantoin

rapid, safe control of infection throughout the urinary system

EATON LABORATORIES, Division of The Norwich Pharmacal Company NORWICH, NEW YORK

...does she know **you** can help her?

Many patients are unaware that their physician is the best source of contraceptive advice. Your prescription for Delfen or Preceptin assures them the simplest yet most effective contraceptive protection available. Accurate tests* for spermicidal potency, as well as years of clinical use, demonstrate that ORTHO contraceptive products are instantaneously spermicidal. The choice between Delfen and Preceptin is one of individual esthetic preference.

Delfen® vaginal cream

Preceptin® vaginal gel

*The spermicidal potency of all ORTHO products is controlled by the **Titration Test** and the **Sander-Cramer Test**, which more closely duplicate vaginal conditions during coitus than other tests.

Ortho

mitting them to initiate action against a doctor. The rest are powerless to act unless the county society refers a case to them. Under the A.M.A.'s new plan, a doctor whose local society won't act against an offender can go straight to the state society. Or the state society can start action on its own in any case where it feels the local society is unwilling or unable to do so.

An A.M.A. spokesman recalls one recent case in which this system was badly needed. A surgeon who was president of his local society charged a patient of limited means $5,000 for a gall bladder operation. "The local doctors were aghast," he relates, "yet none of them was

Who's a bad apple?

Here are some examples the Medical Disciplinary Committee's study turned up:

¶ The physician who billed Blue Shield for removing his daughter's appendix in 1959. Blue Shield records showed an identical billing in 1956.

¶ The physician who was practicing under a license granted on reciprocity from another state, despite the fact that the other state had since revoked the original license because it had been obtained with false credentials.

¶ The physician who billed his patient for a new suit because the patient's bloody condition had ruined the doctor's old suit.

¶ The physician who testified that multiple sclerosis could result from surgery.

¶ The physician who performed twenty-nine procedures indemnified at $400 apiece by Medicare, whereas only one such procedure was performed during the year by all the other physicians in the state's program.

willing to bring a formal charge against the man. And since the state society could act only on appeal from a county society decision, the doctor was not called to task."

Now for the third key proposal approved by the A.M.A.:

3. The A.M.A. should change its own by-laws to "confer original jurisdiction on the [A.M.A.] to suspend or revoke . . . membership of a violator . . . regardless of whether action has been taken against him at local level."

This recommendation is the ultimate step in making medical discipline start at the top, according to one high A.M.A. official. "Frankly," he says, "we don't expect to use this weapon very often. But the mere fact that the A.M.A. has it will make state and county societies more willing to act on their own."

Will an individual doctor be able to enlist the aid of the A.M.A. in disciplining a local colleague? Probably only indirectly, this A.M.A. spokesman says. "If we were convinced he had a case, we'd probably refer it back to the state society with the suggestion that unless they acted we'd be forced to do so ourselves. The kind of case we'd be most likely to handle on our own would be one where a man who needed disciplining was so high up in his state society that the society didn't feel it could act. Then we'd probably carry the ball."

Those are the three A.M.A.-approved recommendations you're most likely to encounter at first hand during the coming months. But the A.M.A. has other far-reaching plans. It hopes to reform almost every aspect of medical discipline—including even state medical practice laws. The variety in state laws has made it difficult or impossible to discipline some offenders even when medical officials wished to. Here's an example:

In Texas seven women told the state board of medical examiners that a doctor had assaulted them sexually during alleged medical treatments. The board revoked his license under a state law that permits such action in cases of "grossly unprofessional and dishonorable

conduct of a character likely to deceive or defraud the public." But when the doctor appealed the revocation, a court found in his favor. The law, it said, "was not meant to cover immoral conduct" of a licensed physician. The board had to fight the case through the Texas Supreme Court to make the revocation stick.

To end this kind of discrepancy, the A.M.A. and the Federation of State Medical Boards are working on a model medical practice act. Once it's completed, they hope each state society will pressure state legislators to get it enacted. All fifty states would thus have more similar medical practice laws.

Remodeling medicine's disciplinary system isn't going to happen overnight. An A.M.A. spokesman admits frankly: "The resolutions our delegates passed are persuasive rather than mandatory. It will be up to the A.M.A. itself to sell this program to the states. The House of Delegates will undoubtedly make the necessary by-law changes in November to give the A.M.A. original jurisdiction over offenders who've escaped action by their local and state societies. That way we'll set an example for the states that need to change their own by-laws."

Even so, selling some parts of the program isn't going to be easy. Louisiana doctors have already objected to the recommendation that state boards of examiners and state medical societies report all major disciplinary actions to the A.M.A. As Louisiana Delegate Rhett McMahon said during debate on this proposal: "The A.M.A. is wrong if it thinks we're going to turn in every doctor we haul up on the carpet in Louisiana."

What does the A.M.A. think of this kind of opposition? "If doctors don't want to follow some of our recommendations, we can't force them to," the A.M.A. spokesman says. "But I think that in the long run the very logic of our program will sell itself. It's *got* to: If doctors don't take steps to improve their own discipline, someone else will. Once the state medical societies realize this, I think our program will move ahead fast."

WILPO, A NEW APPETITE SUPPRESSANT, STRENGTHENS THE OVERWEIGHT PATIENT'S WILL POWER TO RESIST OVEREATING.

While they lose weight patients are free from hunger. They gain in constructive energy and in the ability to get things done. They feel better, and they feel like cooperating.

Although best results are obtained when patients are also on a standard reducing diet, Wilpo is surprisingly effective when supplemented only by informal dietary discretion. And, of prime importance, Wilpo is well accepted by patients because of its lack of side effects. It can reduce appetite without causing annoyances, such as insomnia and jitteriness, that interfere with the will to reduce. It is free from potentially serious side effects also. **Usual dosage:** one tablet 30 minutes before meals. **Available:** scored 8.0 mg. tablets in bottles of 100.

STRENGTHENS YOUR PATIENT'S WILL POWER TO INFLUENCE THE SHAPE OF THINGS!

THAT'S

WILPO™

(phenyl-tertiary-butylamino hydroxypropane)

DORSEY LABORATORIES • *a division of The Wander Company* • **Lincoln, Nebraska**

Financial briefs

Medical Economics, August 14, 1961

SIX FASTEST GROWING STOCKS on the Big Board during 1961's first half: Ward Industries (up 253%), Reliance Mfg. (188%), Certainteed (163%), Avnet (107%), Amerace (105%), Grace & Co. (103%).

HOW MUCH CHEAPER ARE COMPACT CARS? According to fleet owners' financial advisers, a typical compact will cost you at least $400 a year less than a standard-size car. These savings are on net purchase price, operating costs, depreciation, and insurance—but not repairs.

WANT TO DEFER TAXES on stock profits? When you sell shares of an issue you bought at different prices, make sure you sell the shares you paid the most for. Advise your broker in writing which lot to sell, and get a written confirmation. Otherwise, the I.R.S. can rule that the first lot bought was the first sold.

CHEAPEST WAY TO BUY personal liability insurance covering accidents in your office: Have your homeowner's policy endorsed for "incidental office occupancy." The added three-year cost: $29 for $25,000 coverage.

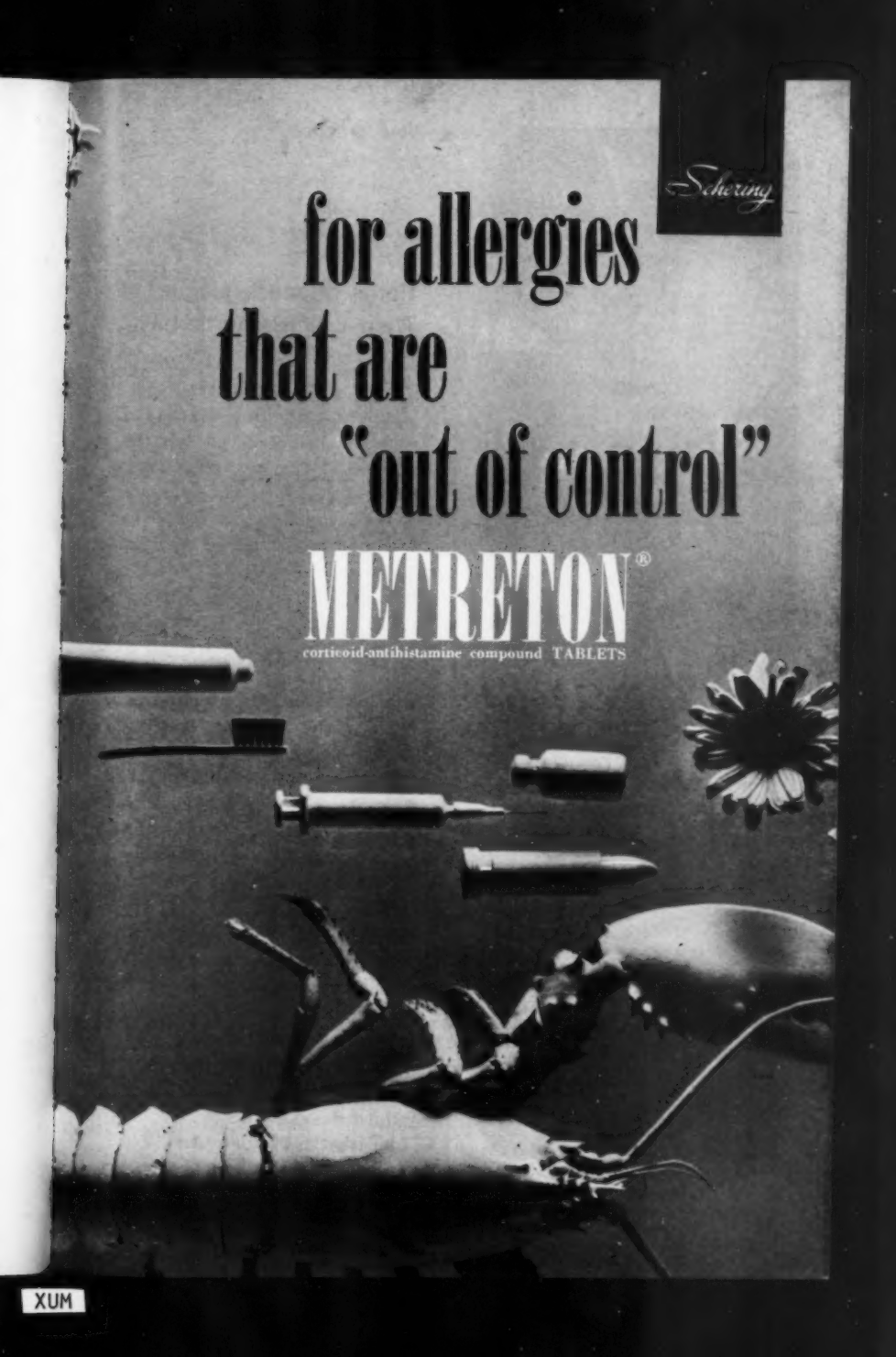
STILL HOLDING GLAMOUR STOCKS? If so, consider swapping some of them for more stable quality

issues. That's what the 28 biggest investment companies have been doing. Their current favorites: domestic oils, utilities, motors, banking and finance, printing and publishing, metals and mining. They've been selling stocks in amusements, appliances, drugs, and building.

DON'T RUSH INTO COURT if you have a dispute with a colleague or an employe. You may be able to settle it privately through the American Arbitration Assn., 477 Madison Ave., New York City. The association has 1,600 arbiters throughout the U.S. Their fees are either $50 to $200, or 3% of any disputed sum.

YOU CAN AGAIN USE STOP-LOSS ORDERS to protect your profit on any New York Stock Exchange issue. The exchange recently lifted its ban on such orders affecting the stocks of eight companies. But the American Stock Exchange still prohibits any stop-losses on round lots.

IT'S EASIER TO BUY A HOUSE under the new F.H.A. mortgage terms—but it will cost you more in the long run. You can now buy a new $35,000 home with a down payment of $10,000 instead of $12,500, and take 35 years instead of 30 years to repay the loan. But you'll pay $8,410 more in carrying charges over the years.


Schering
for allergies
that are
"out of control"
METRETON®
corticoid-antihistamine compound TABLETS

Home phone a plague? Then coach your family

What are the odds on your getting through dinner tonight without being called to the phone? If they're pretty long, then maybe your family needs a little coaching in telephone technique. So suggests Mrs. Lawrence Morse of Newton Center, Mass.

As the wife of a busy pediatrician, Mrs. Morse has had to master this technique herself—and teach it to her four children. "Now," she reports, "even my 4-year-old knows enough not to tell every patient who phones that the doctor's on hand. He's stopped shouting, 'Daddy, are you in or out?' Instead, he says, 'My mommy's here. I'll let you talk to her.'

"What do *I* say to the patient? I announce gravely that the doctor's engaged but will be glad to phone back as soon as he can. My tone of voice seems to do the trick. The caller assumes from it that my husband's engaged in saving a life. Why tell him it's the doctor's own?"

when you can run an ECG or BMR in the next room . . .

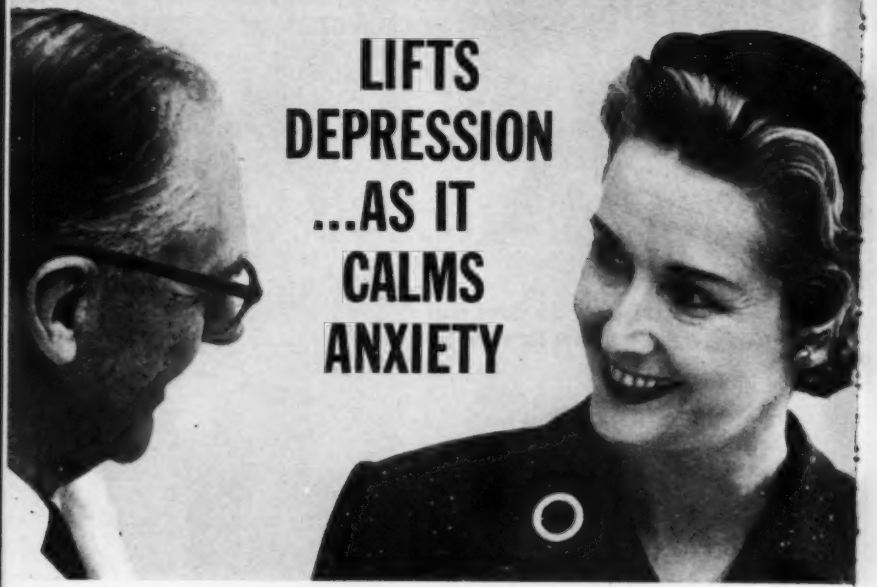
. . . you have *all* the advantages and conveniences of these two diagnostic facilities at your fingertips. Immediate availability of data, firsthand knowledge and control of conditions at the time of the test, and time saved because "outside arrangements" needn't be made, are but a few of the advantages of owning your own electrocardiograph and metabolism tester.

Popular with a great many of your colleagues the world over are two Sanborn instruments that can give you these diagnostic facilities "in the next room": the 100M "Mobile Viso" cardiograph and the "Metabulator" metabolism tester. The "Mobile Viso" offers three recording sensitivities, two chart speeds, provision for recording and monitoring other phenomena, and the dependability and ruggedness of modern electronic design. The "Metabulator" also exemplifies simplicity of operation, with "one-level" controls, easily changed charts and CO_2 absorbent, and quick BMR calculation. Both instruments have the proof of years of service and satisfaction to thousands of doctors.

Call your nearest Branch Office or Service Agency — or write Manager, Clinical Instrument Sales, at the main office in Waltham — about the special combination offer on these two instruments.

Sanborn Service lasts long after the sale . . . from people who know your instrument and value your satisfaction.

MEDICAL DIVISION
SANBORN COMPANY
175 Wyman St., Waltham 54, Mass.



"I feel like my old self again!" Thanks to your balanced Deprol therapy, her depression has lifted and her mood has brightened up – while her anxiety and tension have been calmed down. She sleeps better, eats better, and normal drive and interest have replaced her emotional fatigue.

Brightens up the mood, brings down tension

Balanced action—avoids "seesaw" effects of energizers and amphetamines.

Acts rapidly—you see improvement in a few days.

Acts safely—does not cause liver toxicity, anemia, hypotension, psychotic reactions or changes in sexual function—frequently reported with other antidepressants.

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this may be gradually increased up to 3 tablets q.i.d. **Composition:** 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. **Supplied:** Bottles of 50 light-pink, scored tablets. Write for literature and samples.

▲Deprol▲®

CD-4458

WALLACE LABORATORIES / *Cranbury, N.J.*

Three weeks' vacation —with no loss of income

Four California specialists in three cities cover for each other in this novel plan—and no money changes hands

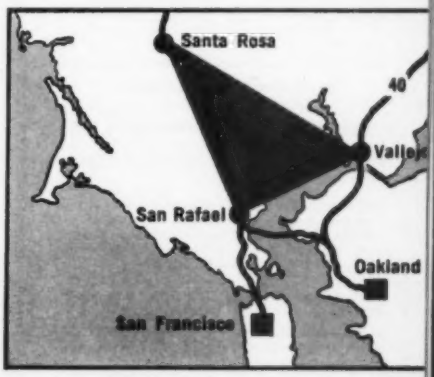
By Herbert L. Joseph, M.D.

At a medical meeting last month, I heard a doctor grumbling: "I haven't been able to take a good solid vacation in years. How could I? Where would I find an allergist to cover for me?"

The doctor couldn't have guessed that I'd just returned from two weeks of Canadian fishing. Or that three other dermatologists in our San Francisco Bay area had recently been, respectively, hunting in Nevada, angling in northern California, and lolling on a freighter to Panama—all of them on two- or three-week vacations.

Over lunch later, I told the allergist how we four dermatologists had solved the vacation problem. Our "vacation pool" is much more than just reciprocal coverage. Here's what's novel about it:

¶ The four of us live in three towns that are a fair distance



THERAPEUTIC INDEX

"Thiosulfil" Forte 0.5 Gm. Tablet

BRAND OF SULFAMETHIZOLE

"THIOSULFIL" has been found effective against the following urinary pathogens: **Proteus vulgaris, Pseudomonas aeruginosa, Escherichia coli, Streptococcus fecalis, Escherichia intermedium,** and **Aerobacter aerogenes.** In individual cases, sensitivity of the organisms may vary. Sensitivity tests, preferably by the tube dilution method, should be done first, for guidance as to alternate therapy in case "THIOSULFIL" FORTE does not control the infection.

INDICATIONS: Treatment of cystitis, urethritis, pyelitis, pyelonephritis, and prostatitis due to bacterial infection amenable to sulfonamide therapy; prior to and following genitourinary surgery and instrumentation; prophylactically, in patients with indwelling catheters, ureterostomies, urinary stasis, and cord bladders.

SUGGESTED RANGE OF DOSAGE: Adults: 1 or 2 tablets (0.5 Gm.-1.0 Gm.) three or four times daily.

WARNING: Due to the high solubility in body fluids of "THIOSULFIL" and its acetyl form, the hazards of renal tubule obstruction are minimized. The usual precautions exercised with sulfa drugs generally should, however, be observed. In those rare instances where exanthemata, urticaria, nausea, emesis, fever or hematuria, are encountered, administration should be discontinued.

CONTRAINDICATION: A history of sulfonamide sensitivity.

SUPPLIED: NO. 786 — "THIOSULFIL" FORTE—Each tablet contains sulfamethizole 0.5 Gm. (scored), in bottles of 100 and 1,000.

ALSO AVAILABLE—**NO. 785—"THIOSULFIL"**—Each tablet contains sulfamethizole 0.25 Gm. (scored), in bottles of 100 and 1,000. **No. 914 — "THIOSULFIL" Suspension**—Each 5 cc. (teaspoonful) contains sulfamethizole 0.25 Gm., in bottles of 4 and 16 fluidounces.

SUGGESTED DOSAGES: **Adults:** 0.5 Gm. four times daily. **Infants:** (Up to 20 lb.) 25 to 30 mg. per pound per day in four divided doses. **Children:** (20 to 50 lb.) up to 150 mg. four times daily; (50 to 75 lb.) up to 300 mg. four times daily; (over 75 lb.) adult dose.

WHEN ANALGESIA IS DESIRED

"THIOSULFIL"—A FORTE NO. 783:

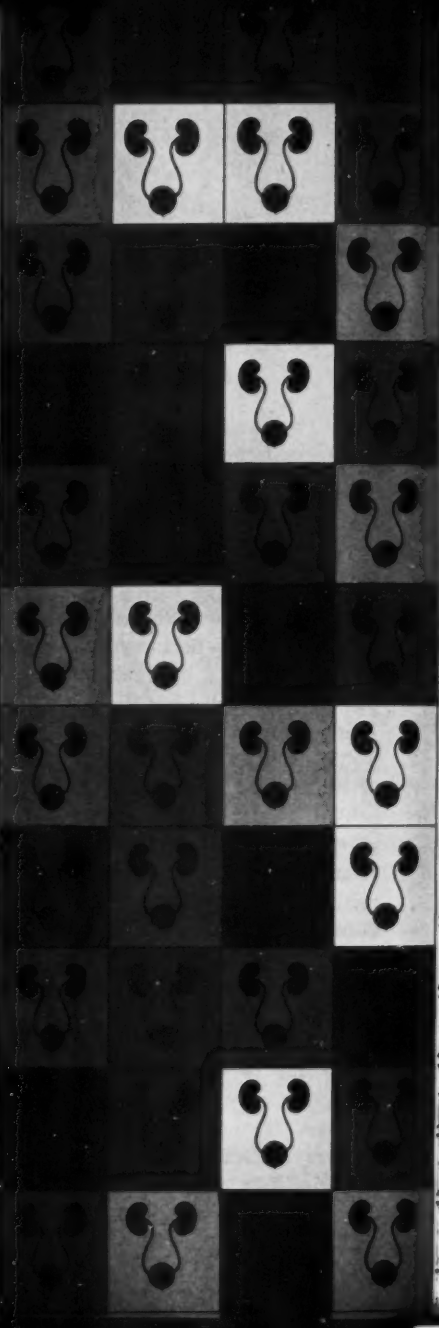
Each tablet contains sulfamethizole 0.5 Gm., and phenylazo-diamino-pyridine HCl 50.0 mg., in bottles of 100 and 1,000.

CONTRAINDICATIONS: (1) a history of sulfonamide sensitivity and (2) due to the phenylazo-diamino-pyridine HCl component, renal and hepatic failure, glomerulonephritis, and pyelonephritis of pregnancy with gastrointestinal disturbances.

USUAL DOSAGE: Adults: 2 tablets, four times daily. **Children** (9 to 12 years): 1 tablet, four times daily.

ALSO AVAILABLE: **NO. 784 "THIOSULFIL"—A**—Each tablet contains sulfamethizole 0.25 Gm., and phenylazo-diamino-pyridine HCl 50.0 mg., in bottles of 100 and 1,000. USUAL DOSAGE: **Adults:** 2 tablets, four times daily. **Children** (9 to 12 years): 1 tablet, four times daily.

For references, see opposite page.



SAFELY MANAGES ALL EPISODES OF URINARY TRACT INFECTION

"Thiosulfil"® Forte 0.5 Gm. Tablet

(BRAND OF SULFAMETHIZOLE)

THE ONE SULFONAMIDE THAT OFFERS

- Maximum urinary concentration of active, free sulfa at site of infection
- Rapid clearance (noncumulative)
- Rare incidence of side effects
- High degree of clinical effectiveness

"Thiosulfil" dosage schedules reported in the literature.

INITIAL EPISODE (Acute Infection) 3 Gm./day[1]

Based on 7 years' clinical experience in treating 3,057 cases of upper and lower urinary tract infection, Bourque[1] found 3 Gm./day for 2 weeks (the average dosage employed in 97 per cent of patients) effective in most cases.

RECURRING EPISODE (Flare-up) 3 Gm./day[1]

Same dosage as above. When longer therapy is required as in cases where there is stasis due to obstruction, administration may be continued at a lower dosage range.

CONTINUING EPISODE (Stasis/Obstruction) 2 Gm./day[2, 3] 0.5 Gm./day[4]

Where infection remains latent due to causes which cannot be eliminated as in paraplegia, patients have been maintained symptom-free on dosage regimens ranging from 2 Gm. to 0.5 Gm./day. After initial control of acute symptoms, therapy may be continued indefinitely on a low dosage basis to guard against recurrence and prevent ascending infection. Many cases can be controlled with as little as 0.5 Gm./day.

SUPPLIED: No. 786—"Thiosulfil" Forte—Each tablet contains sulfamethizole 0.5 Gm. (scored), in bottles of 100 and 1,000.

ALSO AVAILABLE—In urinary tract infection—to alleviate pain and control the infection: No. 783—**"THIOSULFIL"®-A FORTE** combines the sulfonamide specific for urinary tract infection with a potent analgesic for prompt, soothing relief of local discomfort. Each tablet contains sulfamethizole 0.5 Gm. and phenylazo-diamino-pyridine HCl 50 mg., in bottles of 100 and 1,000 tablets.

References: 1. Bourque, J.-P., and Gauthier, G-E.: L'Union Medicale 89:340 (May) 1960. 2. Cottrell, T. L. C., Rolnick, D., and Lloyd, F. A.: Rocky Mountain M. J. 56:66 (Mar.) 1959. 3. Bourque, J.-P., and Joyal, J.: Canad. M.A.J. 82:337 (Apr.) 1960. 4. Hughes, J., Coppridge, W. M., and Roberts, L. C.: North Carolina M. J. 17:320 (July) 1956.

Ayerst Laboratories New York, N. Y. • Montreal, Canada 6136

apart. I live in Vallejo; two of the others live in Santa Rosa, and one in San Rafael. The three towns make a triangle with sides of thirty miles, thirty-eight miles, and forty-five miles.

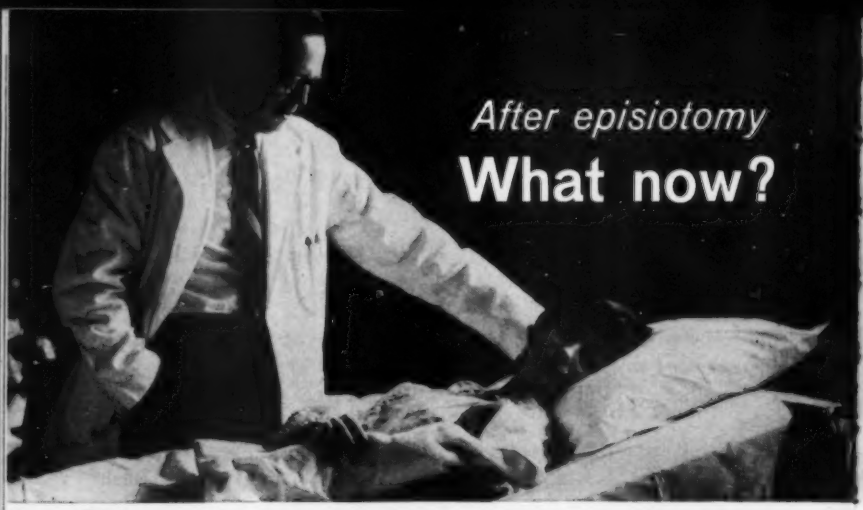
¶ We all take three-week vacations every year—and we're thinking about extending the time to four weeks.

¶ No money changes hands. We pay each other in time, not cash, on a day-for-day basis. All collections stay in the office where they're received, so there's no chance of money misunderstandings.

Our system works like this: The office of the vacationing doctor is kept going by the other three. Each spends one day a week in the absentee's office, keeping it open Mondays, Wednesdays, and Fridays. Each loses only one day a week from his own practice. And he can usually make that up by rescheduling patients or by keeping his office open on his usual weekly day off.

Problems? Very few, but I

"Now, now, Mr. Smathers. A senior citizen is as a senior citizen does."



Chymar®, for one thing

SUPERIOR SYSTEMIC ANTI-INFLAMMATORY ENZYME

to control inflammation, swelling, and pain in EPISIOTOMIES, pelvic inflammatory disease, postpartum breast engorgement, thrombophlebitis.

Chymar reduces inflammation and edema of tissues, hastens absorption of extravasates, diminishes pain, and promotes smoother healing. More than 80% of episiotomies have shown complete relief of edema in the wound, without the necessity of releasing sutures.[1] Chymar reduces pain and engorgement in the postpartum breast.[2] In pelvic inflammatory disease, Chymar has reduced inflammation, swelling and pain in 85% of patients.[3] And in thrombophlebitis, Chymar diminishes pain, swelling and tenderness around the vein; allows earlier activity.[4]

1. Fullgrabe, E. A.: Ann. New York Acad. Sc. *68*:192, 1957. 2. Clinical Reports to the Medical Department, Armour Pharmaceutical Company, 1960. 3. Reich, W. J., and Nechtow, M. J.: Am. Pract. & Digest Treat. *11*:45, 1960. 4. Teitel, L. H.; Siegel, S. J.; Tendler, J.; Reiser, P., and Harris, S. B.: Indust. Med. & Surg. *29*:150, 1960.

ARMOUR PHARMACEUTICAL COMPANY
Kankakee, Illinois • *A Leader in Biochemical Research*

CHYMAR

Chymar Aqueous and Chymar (in oil) contain chymotrypsin, a proteolytic enzyme with systemic anti-inflammatory and anti-edematous properties. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; restores local circulation; promotes healing; reduces pain. INDICATIONS: Chymar is indicated in respiratory conditions to liquefy thickened secretions and suppress inflammation of mucosa and bronchiolar tissue; in accidental trauma to speed reduction of hematoma and edema; in inflammatory dermatoses to ameliorate acute inflammation in conjunction with standard therapies; in gynecologic conditions to suppress inflammation and edema and stimulate healing; in surgical procedures to minimize surgical trauma with inflammation and swelling; in peptic ulcers and ulcerative colitis as an adjunct to diet, antispasmodics, antacids, etc.; in genitourinary disorders to reduce pain and promote faster resolution; in ophthalmic and otorhinolaryngic conditions to lessen hematoma, edema and inflammatory changes; in dental procedures to lessen pain and gum tissue trauma, with inflammation and swelling, in reaction to extractions or surgery. PRECAUTIONS: Chymar and Chymar Aqueous are for intramuscular injection only. Although sensitivity to chymotrypsin is uncommon, allergic or anaphylactic reactions may occur as with any foreign protein. The usual remedial agents should be readily available in case of untoward reaction. Precautions (scratch testing for Chymar, scratch or intradermal testing for Chymar Aqueous) should be exercised in these patients with known or suspected allergies or sensitivities. DOSAGE: 0.5 cc. to 1.0 cc. deep intramuscularly once or twice daily, depending on severity of condition. Decrease frequency as course of condition is altered. In chronic or recurrent conditions, 0.5 cc. to 1.0 cc. once or twice weekly. SUPPLIED: Chymar in Oil 5 cc. vials and Chymar Aqueous 1 & 5 cc. vials; 5000 Armour Units of proteolytic activity per cc.

think I know the kind of snags you have in mind:

Do we try to lighten the load in the vacationer's office? We do try to schedule routine patients and nonurgent surgical cases for the vacationer's return. Otherwise it's business as usual.

Is it hard to adapt to the vacationer's office, help, and facilities? No, since we're all dermatologists with similar training. In one day, we've been able to learn the vacationer's routine and the location of instruments and medications. Besides, the absentee's aide is always there to steer us on any problems that won't wait. I find—and the others tell me it's the same with them—that I can work almost as efficiently in the other three offices as in my own. In fact, we all learn from each other, and covering my colleagues' offices is always a welcome break in my routine.

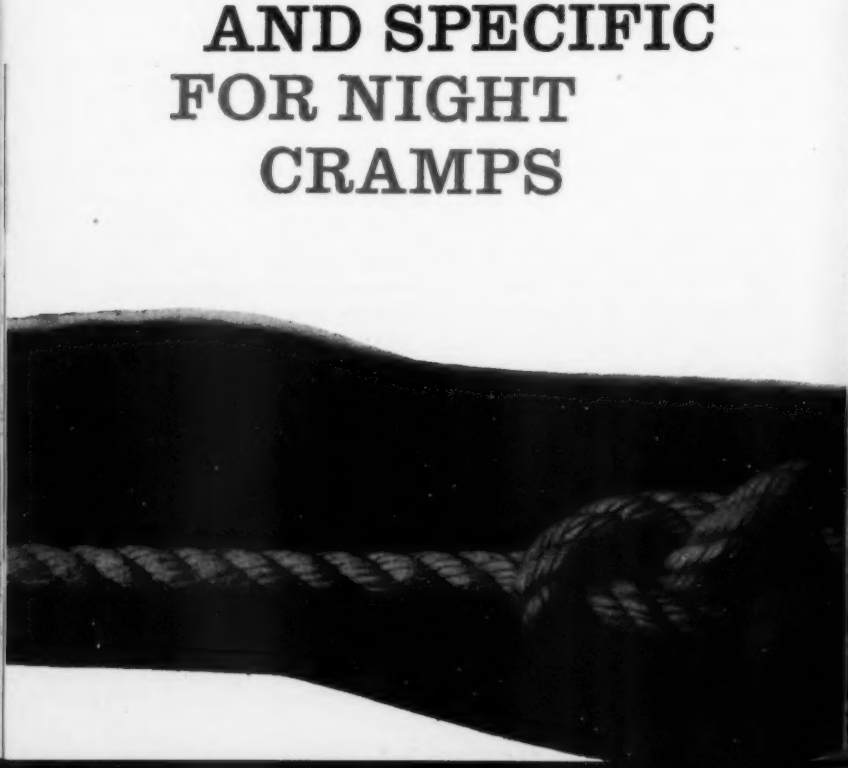
How do our patients like it? They think it's great—"like a consultation with a visiting specialist," as one of my regulars put it. They cooperate to the utmost. Of course they're all fully advised about our absences well ahead of time.

What about long-term patients with complicated medical problems? The vacationing doctor leaves brief notes about such patients to guide the covering doctor. This eliminates wading through voluminous medical records.

Does the vacationing doctor suffer any loss of income? None or practically none. This is a novelty we all enjoy. Before we started the pool, we'd either close our offices altogether or pay other doctors to cover for us part-time during vacation. Either way, there was a loss of income. Now we're all satisfied that our practices—and our incomes—are being conserved while we're away.

Who runs the pool and does the paper work? We take turns serving as coordinator for a two-year term. The coordinator keeps a record of all vacations taken and of who owes whom how many days. Once a year, the four of us meet for dinner and plan the schedule for the next vacation season. At our first such dinner we had a lot of

WHAT'S NEW AND SPECIFIC FOR NIGHT CRAMPS



RONIACOL TIMESPAN

TABLETS

SAFE, SPECIFIC PERIPHERAL VASODILATOR IN THE NEW SUSTAINED-RELEASE FORM

INCREASES AND MAINTAINS BLOOD FLOW FOR 10-12 HOURS

"UNUSUALLY GOOD"[1] VASODILATION Roniacol Timespan produced significant or complete relief of night cramps in a majority of patients.[2] Action: specific dilation of peripheral vessels.[2] Result: Roniacol increases blood flow to ischemic extremities.[3-5]

ONE DOSE EFFECTIVE ALL NIGHT New, sustained-release Roniacol Timespan brings convenience and protection to your patients with night cramps — precludes interrupted sleep by providing nightlong prophylaxis with a single evening dose.

NEGLIGIBLE SIDE EFFECTS Unlike sympathetic blocking agents, Roniacol is selective — produces no cardiac stimulation, no hypotension, no gastrointestinal stimulation[6,7] — may be used safely in the presence of gastritis, peptic ulcer or coronary disease. Of 264 patients on Roniacol Timespan, only thirteen experienced side effects — none of them major.[2]

RONIACOL TIMESPAN tablets are recommended for convenience of therapy in conditions associated with deficient circulation; e.g., peripheral vascular disease, including generalized arteriosclerosis, cerebral arteriosclerosis, varicose ulcers, decubital ulcers, chilblains, diabetic endarteritis, Meniere's syndrome and vertigo due to impaired cerebral circulation.

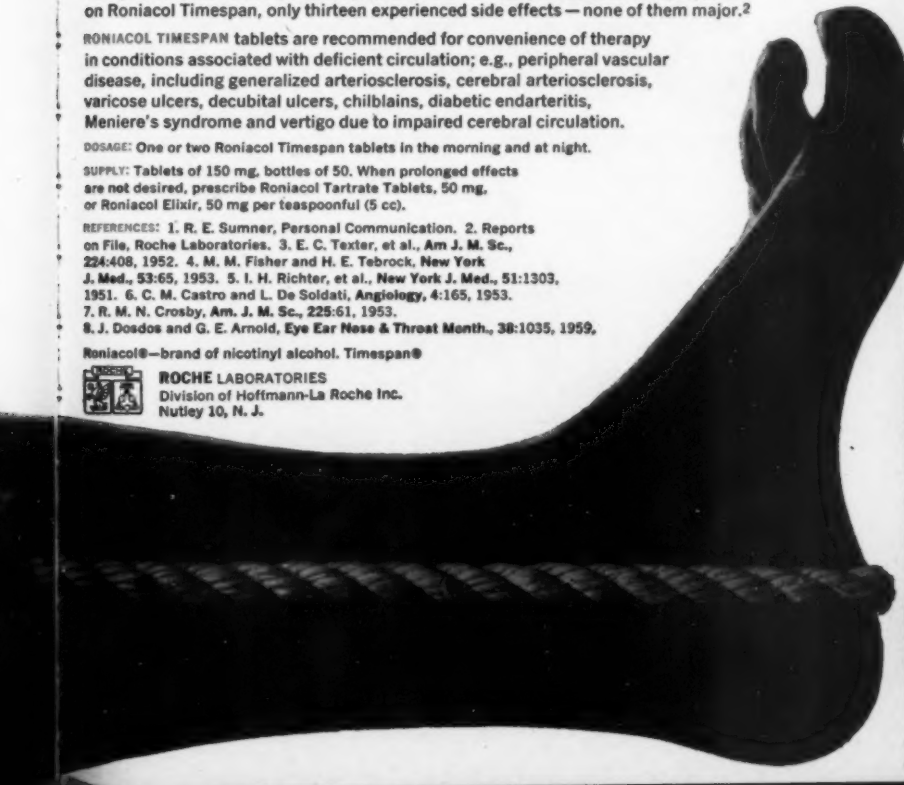
DOSAGE: One or two Roniacol Timespan tablets in the morning and at night.

SUPPLY: Tablets of 150 mg. bottles of 50. When prolonged effects are not desired, prescribe Roniacol Tartrate Tablets, 50 mg, or Roniacol Elixir, 50 mg per teaspoonful (5 cc).

REFERENCES: 1. R. E. Sumner, Personal Communication. 2. Reports on File, Roche Laboratories. 3. E. C. Texter, et al., Am J. M. Sc., 224:408, 1952. 4. M. M. Fisher and H. E. Tebrock, New York J. Med., 53:65, 1953. 5. I. H. Richter, et al., New York J. Med., 51:1303, 1951. 6. C. M. Castro and L. De Soldati, Angiology, 4:165, 1953. 7. R. M. N. Crosby, Am. J. M. Sc., 225:61, 1953. 8. J. Dosdos and G. E. Arnold, Eye Ear Nose & Throat Month., 38:1035, 1959.

Roniacol®—brand of nicotinyl alcohol. Timespan®

ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley 10, N. J.



small problems to iron out, but now that we've been a going concern for over two years, not even small problems bother us.

Does everyone have to take three weeks? No. The first year, we were cautious and limited ourselves to two-week vacations. But the system worked so well that we felt confident about stepping it up to three weeks the second year. If someone wants only two, he can carry a week over to next year—for a four-week vacation!

We've even figured out a way to make our plan function as an extra disability-insurance policy. If one of us gets sick, the others will cover him for a period not to exceed thirty days, to be applied against his vacation time. However, we *don't* use our plan to provide coverage during medical meetings. Since we're all in the same specialty, we're all apt to want to attend the same meetings. On such occasions, we simply close our offices and go.

If you're thinking of setting up a vacation pool for yourself

"... and this little piggy tells us you have a Babinski."

to **CONTROL DIARRHEA**...the traditional and time-tested triad of effective and safe agents

Pleasant taste *plus* predictable, prompt response in diarrhea

Parepectolin combines paregoric, pectin, kaolin in *a balanced, stable colloidal suspension*, with a smooth, creamy consistency and a pleasant, mildly aromatic flavor. Parepectolin is compatible with antibiotics, and retains its uniform consistency and its good flavor.

Parepectolin; each fluid ounce—Paregoric (equivalent) 1.0 dram, Pectin 2.5 gr., Kaolin (specially purified) 85 gr. Bottles of 4 and 8 fluid ounces.

WILLIAM H. RORER, INC. PHILADELPHIA, PENNSYLVANIA

If fatness is the problem, the skinfold test will tell...

Studies emphasize that persons of "normal" body weight exhibit differences in their fatness and that body weight is an imperfect guide to body fat.[2,4,5] *Recently, the calibrated measurement of skinfolds has received increasing clinical attention as a method of measuring obesity – because of its simplicity, rapidity and accuracy.*[1,3]

Measurement is made at selected sites with special constant tension calipers.[3]

Detailed information on the skinfold test is given in a special booklet, available to physicians on request.

the skinfold test

NEW BAMADEX®

Dextro-amphetamine sulfate with meprobamate

SEQUELS® for measurable fat loss

Sustained Release Capsules

NEW BAMADEX SEQUELS *contain the appetite-suppressant, d-amphetamine, effectively balanced with the tranquilizer, meprobamate, for sustained, effective appetite control without overstimulation of the central nervous system. One* BAMADEX SEQUELS *capsule suppresses appetite up to 8 hours... carries the patient through the critical period of compulsive eating... helps establish a new pattern of eating less – the ultimate aim of therapy.*

Each capsule contains: d-amphetamine sulfate, 15 mg.; meprobamate, 300 mg. **Dosage:** One capsule one-half hour before breakfast. **Supply:** Bottles of 30. **Precautions:** Use with caution in patients hypersensitive to sympathomimetic compounds, who have coronary or cardiovascular disease, or who are severely hypertensive.

REQUEST COMPLETE INFORMATION ON INDICATIONS, DOSAGE, PRECAUTIONS AND CONTRAINDICATIONS FROM YOUR LEDERLE REPRESENTATIVE OR WRITE TO MEDICAL ADVISORY DEPARTMENT.

References: 1. Best, W.R.: J. Lab. & Clin. Med. 43:967 (1954). 2. Brožek, J. and Keys, A.: Nutrition Abstr. & Rev. 20:247 (1950). 3. Garn, S.M. and Shamir, Z.: In Methods for Research in Human Growth. Charles C. Thomas, Springfield, Ill., 1958, p. 64. 4. Mayer, J.: Postgrad. Med. 25:469 (1959). 5. Tanner, J.M.: Proc. Nutrition Soc. 18:148 (1959).

(Lange Skinfold Caliper courtesy of Kentucky Research Foundation, University of Kentucky.)

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York

IN BRIEF

INGREDIENTS: Each Urobiotic capsule contains 125 mg. Terramycin® (oxytetracycline) with 125 mg. glucosamine HCl, 250 mg. sulfamethizole, and 50 mg. phenylazo-diamino-pyridine HCl.

INDICATIONS: Urobiotic is indicated in the treatment of a number of common genitourinary infections caused by susceptible organisms. It may also be used prophylactically before and after genitourinary or pelvic surgery, following instrumentation procedures, during the use of retention catheters, and in patients with conditions such as cord bladder or cystocele.

DOSAGE: In adults, a dose of 1 or 2 capsules four times daily is suggested, depending upon the severity and response of the infection. In children 60 to 100 lbs., the suggested average dose is 1 capsule four times daily; in children under 60 lbs., 1 capsule three times daily. Therapy should be continued for a minimum of 7 days or until bacteriologic cure is effected in acute urinary tract infections.

CONTRAINDICATIONS: Urobiotic may be contraindicated in patients with chronic glomerulonephritis, hepatitis, hepatic failure, uremia, and obstructive lesions of the urinary tract, and should not be used in patients sensitive to any of its components.

PRECAUTIONS: The use of broad-spectrum antibiotics may, in rare cases, result in an overgrowth of nonsusceptible organisms, such as monilia or staphylococci. Should such superinfection occur, therapy with Urobiotic should be discontinued and specific therapy instituted as shown by susceptibility testing. The use of sulfonamides may cause renal crystalluria or skin rash, as well as other toxic or sensitivity reactions. If any of these occur, discontinue use.

SUPPLIED: Urobiotic capsules, yellow-and-grey, bottles of 50.

More detailed professional information available on request.

...Your earnings

and other doctors, I suggest you ask yourself these questions:

1. Is your practice reasonably free from emergency calls and night calls, with few house calls or hospital visits? I'recommend our plan to dermatologists, allergists, ophthalmologists, and radiologists, and to any other doctors who can meet the requirements I've listed.

2. Do you—and the other doctors you may have in mind—have good aides and nurses, skilled in scheduling patients and handling medical and financial records?

3. Do the doctors all have confidence in each other, professionally and personally? There won't be any secrets about your practice to the men who run it for three weeks.

If you can answer yes to all three questions, I don't see why you can't set up a vacation pool. And remember, one of the chief attractions of the plan is that you and your fellow poolsters don't have to live in the same town. How far away can they be? That depends on your local traffic—and on how much you all enjoy driving.

Don't tell his boss what your patient owes you

If you're golfing with the boss of one of your delinquent patients, you may be tempted to tell him his employe owes you money. "Don't," says Allan J. Parker, New York City attorney. "You could be sued for slander or even conspiracy."

Why? Consider the case of a patient we'll call Bob Smith. He works in your golfing partner's factory and makes about $125 a week. He's owed you $100 for more than a year and keeps giving you the run-around. You figure that so small a debt isn't worth taking to court—but it might be worth getting his boss to talk to Smith about it. His boss might even arrange to have the money taken out of Smith's paycheck.

What's wrong with this scheme?

First, Parker points out, an employer who goes along with it is heading for trouble. An employer can't garnishee a worker's pay without authorization. In New York State, for example, he could be charged with misdemeanor if he did.

Then, too, Parker adds, these tactics could backfire on *you* in one of three ways:

1. If Patient Smith were to find that you'd told his employer about his unpaid bills, Smith could sue you for slander. He could contend that you'd damaged his reputation with his employer. He might have some grounds to argue that he doesn't owe you the money.

2. Smith might lose his job as a result of what you told his boss. He could then sue you under a broad rule of law providing that any person who unwarrantably interferes with another's contracts (including a contract of employment) may be liable for damages.

3. Invoking a different point of law, Smith might sue *both* you and his boss if he were fired. He could argue that the two of you had conspired to deprive him of his job.

You wouldn't necessarily be the loser in any of these suits, says Parker. But why risk being a party to them at all?

AVAILABLE NOW
INCREASED POTENCY
GREATER ECONOMY
with
Dornwal®
(brand of amphenidone, 400 mg.)
400

impressively effective against tension headache*

Dornwal 400 relaxes the musculature of the head and neck involved in tension headache and by doing so breaks the vicious cycle between psychological tension and muscular tension. Dornwal 400 also relieves anxiety and tension states quickly and effectively, usually without sedation or drowsiness. It is particularly suited to the active patient because it is relatively free from side effects such as depression and depersonalization. Some patients are relieved of their symptoms in as little as half an hour.

Dornwal 200 (amphenidone, 200 mg.), for similar conditions where lower dosage levels are adequate. Dornwal 100 (amphenidone, 100 mg.) is effective in the treatment of emotionally disturbed children.

Supplied: Dornwal 400 — 400 mg. green scored tablets. Dornwal 200 — 200 mg. yellow scored tablets. Dornwal 100 (Pediatric) — 100 mg. pink tablets. Bottles of 100 and 500.

Malthie

Malthie Laboratories Division
Wallace & Tiernan Inc.
Belleville 9, New Jersey

*Dixon, H. H.; Dickel, H. A., and Dixon, H. H., Jr.: "Clinical and Electromyographic Appraisal of Aminophenylpyridone," Northwest Med. 60:277 (March) 1961.

Clinically Proven

in more than 750 published clinical studies
and over six years of clinical use

for the tense and nervous patient

Miltown is a ***known*** drug and a dependable friend. Its few side effects have been fully reported. ***There are no unpleasant surprises in store for either the patient or the physician.*** This is why, despite the appearance of "new and different" tranquilizers, meprobamate (Miltown) is prescribed more often than any other tranquilizer in the world.

Outstandingly Safe and Effective

1 simple dosage schedule relieves anxiety dependably – without the unknown dangers of "new and different" drugs

2 does not produce ataxia, stimulate the appetite or alter sexual function

3 no cumulative effects in long-term therapy

4 does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis

5 does not muddle the mind or affect normal behavior

Miltown®

meprobamate (Wallace)

Usual dosage: One or two 400 mg. tablets t.i.d.
Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; bottles of 50. Also as MEPROTABS* – 400 mg. *unmarked*, coated tablets; and in *sustained-release* capsules as MEPROSPAN®-400 and MEPROSPAN®-200 (containing respectively 400 mg. and 200 mg. meprobamate).

*TRADE-MARK

CM-4205

WALLACE LABORATORIES / *Cranbury, N. J.*

How to help your patient stick to a high protein diet

The secret ingredient in a successful diet is acceptance. And a diet that offers as many and such appetizing foods as this is sure to win the approval of your patient! A fluffy omelette filled with frankfurter slices is a delicious source of protein, as are ground meat and flaked fish. Cottage cheese makes a flavorful side dish or satisfying filling for dark bread sandwiches. Hot weather suppers call for mixed green salad topped with meat and cheese slices... followed by chilled fruit.

A glass of beer can add zest to a patient's diet.

Protein 0.8 Gm;
Calories 104/8 oz glass
(Average of American Beers)

Diet patients welcome varied fare like this.

United States Brewers Association, Inc.

For reprints of this and 11 other diet menus, write us at 535 Fifth Avenue, N. Y. 17, N. Y.

Q&A

/ Splitting up a single insurance payment
/ How to cut calls from worried relatives
/ Suing the patient who won't pay
/ When your wife wants to work for you

Answers to the following doctors' questions are supplied by a panel of two physicians, Dr. Alfred P. Ingegno and Dr. Irving M. Levitas; and four management consultants, Joseph F. McElligott, Allison E. Skaggs, Millard K. Mills, and Clayton L. Scroggins.

Question: As a surgeon, I'm sometimes paid by an insurance company for the total care of a patient even though his pre- and postoperative care has been handled by the referring physician. If I give my colleague part of the payment, won't I be guilty of fee splitting? What should I do?

Answer: If the check is meant to cover *total* surgical care—not just the operation—it's all right for you to pay the referring physician with your personal check, says the American College of Surgeons. But the check must be made out to both the M.D. and the patient. The patient's endorsement signifies his approval of the transaction. Normally, you can head off this problem in the first place by having the patient assign the proper apportionment of fees when he fills out the insurance form.

Question: When I hospitalize a patient, I often spend more time talking to his worried relatives than to the patient himself. I don't blame the family for wanting to know how he's coming along, but I'm a busy man. How can I

tactfully get these people off my back?

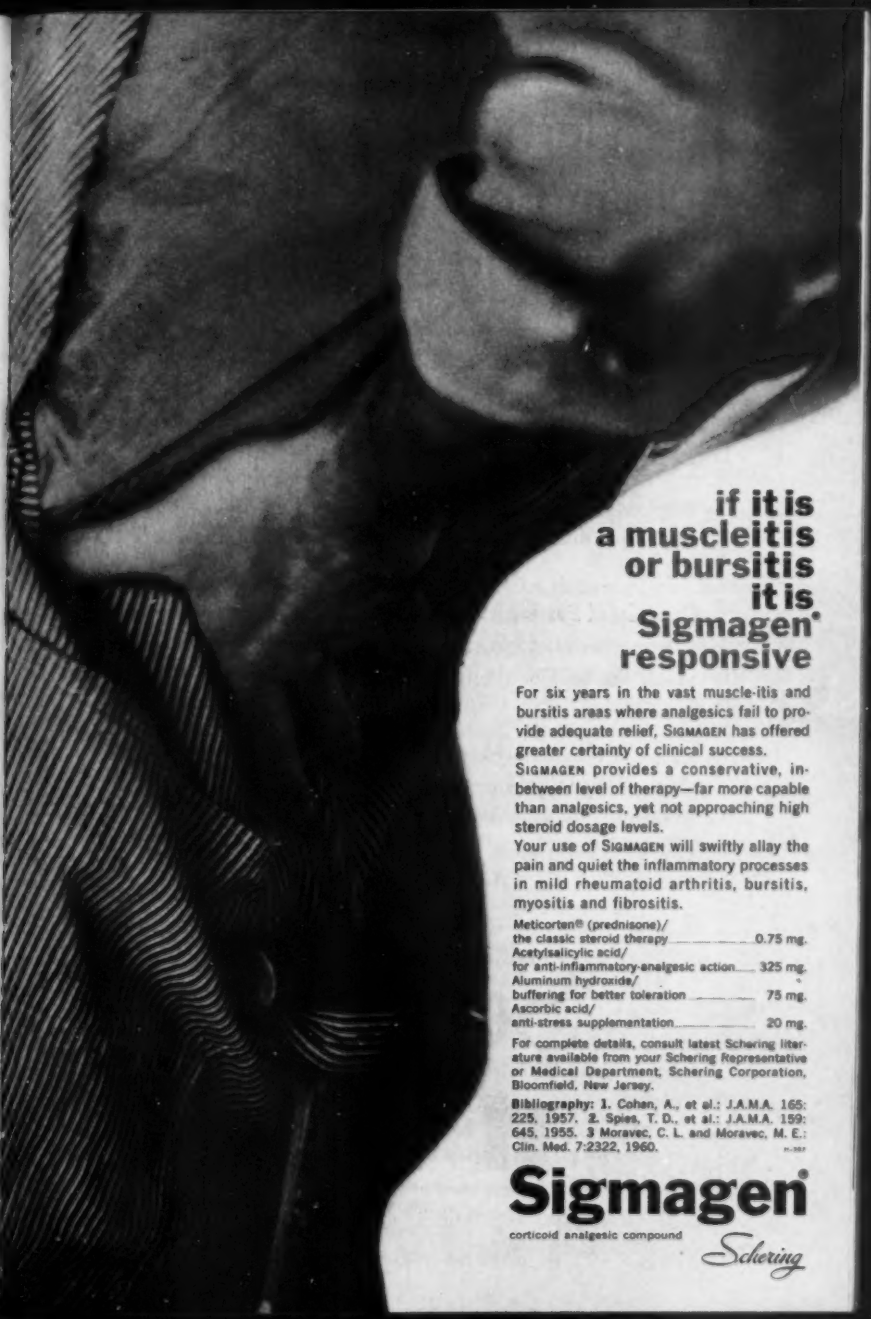
Answer: The panel agrees that you ought to delegate this chore. Have the patient appoint one relative to be medical reporter. Then tell this family member to phone you once a day for information about the patient. When other relatives phone your office, your aide can give them this message: "The doctor is with a patient now, but if you'll call Mr. A, he'll give you the full report."

Question: One elderly patient of mine refuses to pay his medical bill. He's got money to burn, but he's such a tightwad he owes half the people in town. I've almost decided to sue him. Will I be on safe ground?

Answer: Suing a patient is risky business, the panel warns. It's not only apt to make you look mercenary, but may provoke a malpractice suit. If you are determined to go through with it, consult a lawyer and follow these three rules: (1) Wait until the statute of limitations in your state has ruled out any possibility of a countersuit. (2) Then find out whether the patient is actually liable for his own bills. He may not be if, unbeknown to you, he's supported by a wealthy offspring. (3) Make sure your bill is justifiable from every angle. If you're clear on these three points and still willing to take the risk, go ahead.

Question: My wife used to be a nurse. Now that our children have grown up, she'd like to help out in the office—and thereby save me money. How about it?

Answer: It's better to keep her out of your practice, says the panel. Patients often resent the doctor's wife invading the office. If you've built up a reputation for keeping home and practice separate, don't spoil it now.



if it is a muscleitis or bursitis it is Sigmagen® responsive

For six years in the vast muscle-itis and bursitis areas where analgesics fail to provide adequate relief, SIGMAGEN has offered greater certainty of clinical success.

SIGMAGEN provides a conservative, in-between level of therapy—far more capable than analgesics, yet not approaching high steroid dosage levels.

Your use of SIGMAGEN will swiftly allay the pain and quiet the inflammatory processes in mild rheumatoid arthritis, bursitis, myositis and fibrositis.

Meticorten® (prednisone)/ the classic steroid therapy	0.75 mg.
Acetylsalicylic acid/ for anti-inflammatory-analgesic action	325 mg.
Aluminum hydroxide/ buffering for better toleration	75 mg.
Ascorbic acid/ anti-stress supplementation	20 mg.

For complete details, consult latest Schering literature available from your Schering Representative or Medical Department, Schering Corporation, Bloomfield, New Jersey.

Bibliography: 1. Cohen, A., *et al.*: J.A.M.A. 165: 225, 1957. **2.** Spies, T. D., *et al.*: J.A.M.A. 159: 645, 1955. **3** Moravec, C. L. and Moravec, M. E.: Clin. Med. 7:2322, 1960.

M-307

Sigmagen®

corticoid analgesic compound

Schering

for infants allergic to cow's milk

a modern milk substitute rich and creamy in color, pleasant and bland in taste

Sobee has the rich, creamy appearance that mothers expect of a formula. Sobee is pleasantly bland, without the "burned-bean" flavor or chalky aftertaste frequently associated with a soya formula.

Symptomatic Relief. Symptoms of cow's milk allergy—most frequently manifested by eczema, colic and gastrointestinal disturbances—may be relieved within 2 or 3 days.

Good Stool Pattern. In a study of 102 infants on Sobee, the number of stools ranged from 1 to 4 per day.[1] Soya stools are bulkier than cow's milk stools. Constipation is infrequent.

Easily Prepared. Mothers need add only water to either Sobee liquid or Sobee instant powder to prepare a formula with a nutritional balance comparable to cow's milk formulas.

1. Kane, S.: Am. Pract. & Digest Treat. *8*:65 (Jan.) 1957.

specify

Sobee®

Milk-free soya formula

Mead Johnson Laboratories

Symbol of service in medicine

Chiropractic is cracking up!

Even in California, where cultism flourishes, chiropractors face a dim future. Their scope is narrowing, their schools are ineffective, their patients are few, a new survey reports

By Jean Pascoe

Remember when chiropractic looked like a big threat to medicine? It may still be a sore spot on the corpus medicus; but, according to a new study, it's fading fast.

Under a grant from The Haynes Foundation, the Stanford Research Institute recently interviewed 517 California chiropractors and inspected some of their schools. The verdict: Chiropractic—at least in California—isn't holding its own. Following are some of the specific findings in the state of California.

For one thing, chiropractic appears to be falling out of vogue. Although D.C.s make up 16 per cent of all California doctors, they now get only 3.6 per cent of the total patient-load in that state.

Because the average California chiropractor spends thirty to forty-five minutes with each patient, he sees approximately twelve patients a day—less than half the number seen daily by the average M.D. What's more, over half the chiropractors interviewed work only forty hours a week or less.

Most of their patients are elderly but not retired people with annual incomes of less than $5,000. Almost none of their patients are children. Average net monthly earnings of California chiropractors: only $539. Among the few economic compensations of chiropractic is a relative absence of collec-

PRIMARILY BACTERICIDAL

against a wide range of gram-negative organisms. (Not effective against Proteus.)

RAPIDLY EFFECTIVE

—therapeutic blood and urine levels quickly attained.

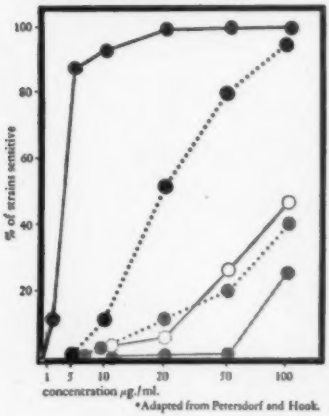
EXCEPTIONALLY SAFE

—at recommended doses—no blood dyscrasia, moniliasis, renal or eighth nerve damage reported. Exceptionally free of resistance and cross resistance problems.

Full dosage information, available on request, should be consulted before initiating therapy.

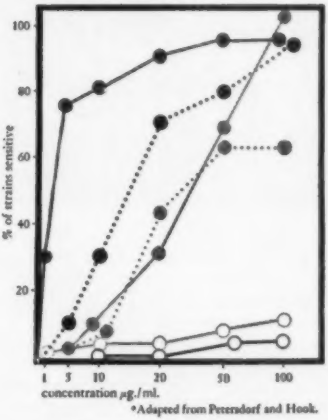
For intramuscular injection only. In vials containing 150 mg. colistimethate sodium.

BACTERICIDAL ACTIVITY OF COLY-MYCIN AND 4 OTHER ANTIBIOTICS AGAINST PSEUDOMONAS*



*Adapted from Petersdorf and Hook.

BACTERICIDAL ACTIVITY OF COLY-MYCIN AND 5 OTHER ANTIBIOTICS AGAINST ESCHERICHIA COLI*

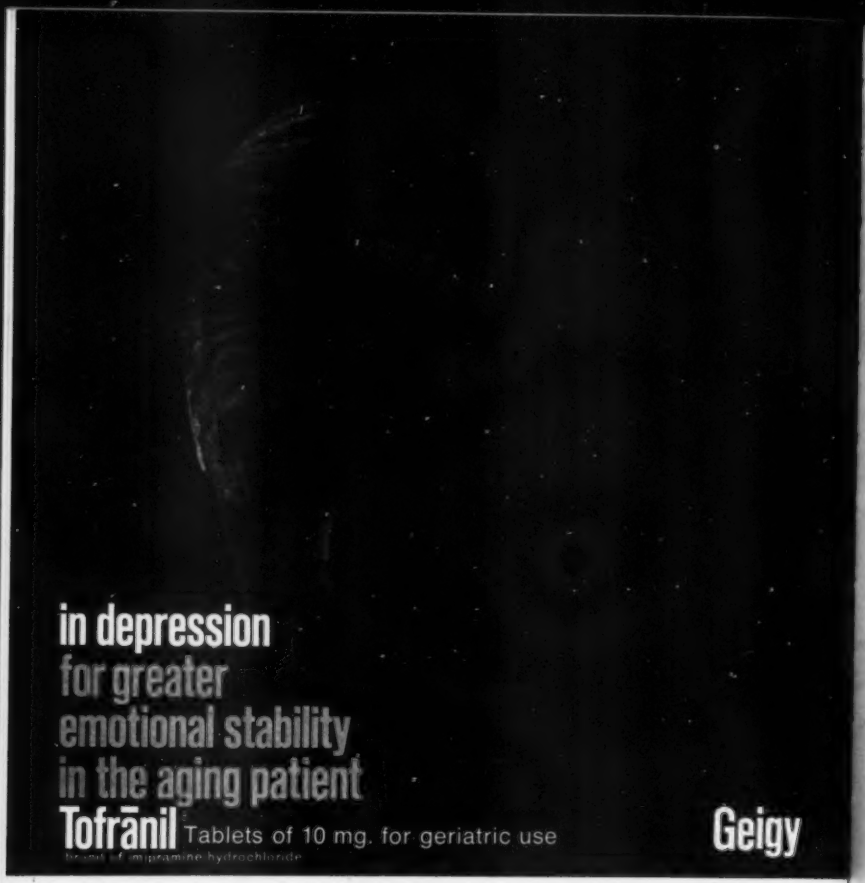


*Adapted from Petersdorf and Hook.

Coly-Mycin
Polymyxin B
Kanamycin
Streptomycin
Chloramphenicol
Tetracycline

WARNER CHILCOTT
MORRIS PLAINS, N.J.

makers of Gelusil Tedral Mandelamine Peritrate Proloid



During the declining years, frustration arising from declining capacity to participate in social and family activities often leads to depression, manifested frequently in unpredictable swings of mood.[1]

The value of Tofrānil in restoring the depressed elderly patient to a more normal frame of mind has received strong support from recent studies.[1-3] Under the influence of Tofrānil, such symptoms as irascibility, hostility, apathy and compulsive weeping are often strikingly relieved with the result that life becomes easier both for the patient and those around him.

Since the dosage requirements of elderly patients are lower than those of the non-geriatric patient, Tofrānil is made available in a special low dosage 10 mg. tablet designed specifically for geriatric use. Full product information regarding dosage, side effects, precautions and contra-indications available on request.

References: 1. Cameron, E.: Canad. Psychiat. A. J., Special Supplement **4**:S160, 1959. 2. Christe, P.: Schweiz. med. Wchnschr. **90**:586, 1960. 3. Schmied, J., and Ziegler, A.: Praxis **49**:472, 1960.

Tofrānil®, brand of imipramine hydrochloride: Triangular tablets of 10 mg. for geriatric use; also available, round tablets of 25 mg., and ampuls for intramuscular administration only, each containing 25 mg. in 2 cc. of solution (1.25 per cent).

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York

TO-657-61

tion problems. Most patients of such cultists pay cash.

Although the average California chiropractic office visit charge is $5, a third of the surveyed chiropractors take routine X-rays of their patients, for which they usually charge about $15. One-fourth of the D.C.s offer "course of treatment" plans that include several visits. Then, too, most chiropractors save on help: Since they don't have many patients, they don't need aides.

Treatment of sore backs and other musculoskeletal ailments is still the chiropractor's biggest drawing card. He also does a fair business in varicose veins, neuritis, and neuralgia. Proctology is one new field that's offered him some opportunity. More than a sixth of the known hemorrhoid cases in California are treated by chiropractors. According to Dr. Mark S. Blumberg, co-author of the Stanford survey report, that's because a great deal of chiropractic advertising promises "relief from hemorrhoids without surgery."

There are some conditions

"Why are chiropractors losing patients? Because our services aren't covered by insurance and workmen's compensation," says Clarence D. Jenson, D.C., Sacramento, Calif. Here, Jenson uses a "neurocalograph" to measure nerve pressures on the spine.

the first complete physiologic regulator of female cyclic function

ENOVID®

(BRAND OF NORETHYNODREL WITH ETHYNYLESTRADIOL 3-METHYL ETHER)

The basic action

ENOVID closely mimics the balanced progestational-estrogenic action of the corpus luteum. ENOVID *induces a physiologic state which simulates early pregnancy—except that there is no placenta or fetus.* As in pregnancy, the production or release of pituitary gonadotropin is inhibited and ovulation is suspended; a pseudodecidual endometrium is induced and maintained. During ENOVID therapy, certain symptoms typical of normal pregnancy may be noted in some patients, such as nausea—which is usually mild and disappears spontaneously within a few days—breast engorgement, some degree of fluid retention, and often a marked sense of well-being. There is no androgenicity. ENOVID *is as safe as the normal state of pregnancy.*

The basic applications

1. Correction of menstrual dysfunction. *Cyclic* therapy with ENOVID controls dysfunctional uterine bleeding and often establishes a normal menstrual cycle in amenorrhea.

2. Ovulation suppression (to suspend fertility). For this purpose ENOVID is administered *cyclically,* beginning on day 5 through day 24 (20 daily doses). The ovary remains in a state of physiologic rest and there is no impairment of subsequent fertility.

3. Postponement of the menses for reasons of health (impending surgery, during treatment of Bartholin's gland cysts, acute urethritis, rectal abscess, vaginitis), travel, forthcoming marriage, or pressing business or professional engagements.

4. Threatened abortion. *Continuous* ENOVID treatment provides balanced support for the endometrium in threatened or habitual abortion.

5. Endocrine infertility. ENOVID has been used successfully in *cyclic* therapy of endocrine infertility, promoting subsequent pregnancy through a probable "rebound" phenomenon.

6. Endometriosis. *Continuous* therapy with ENOVID corrects endometriosis by producing a pseudodecidual reaction with subsequent absorption of aberrant endometrial tissue.

The basic dosage

Basic dosage of ENOVID is 5 mg. daily in *cyclic* therapy, beginning on day 5 through day 24 (20 daily doses). Higher doses may be used with complete safety to prevent or control occasional "spotting" during ENOVID therapy, or for rapid effect in emergency treatment of dysfunctional bleeding and threatened abortion. ENOVID is available in tablets of 5 mg. and 10 mg. Literature and references, covering over five years of intensive clinical study, available on request.

SEARLE *Research in the Service of Medicine*

...*unfettered*

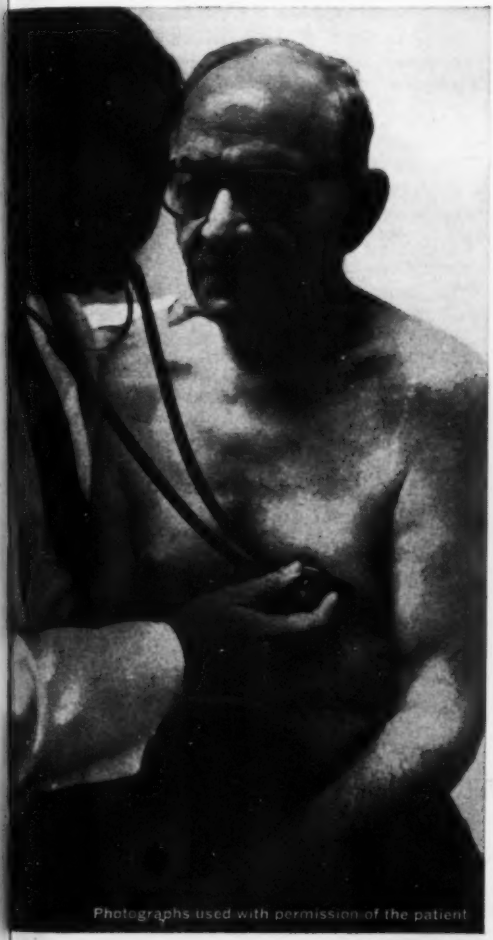
From the beginning, woman has been a vassal to the temporal demands—and frequently the aberrations—of the cyclic mechanism of her reproductive system. Now, to a degree heretofore unknown, she is permitted normalization, enhancement, or suspension of cyclic function and procreative potential. This new physiologic control is symbolized in an illustration borrowed from ancient Greek mythology—Andromeda freed from her chains.

the chiropractor deliberately avoids. The study reveals that in California the typical D.C. never treats gynecological ailments. (The reason, say some D.C.s, is fear of malpractice suits.) Other conditions he's not likely to treat are ulcers, anemia, diabetes, colds, and tumors. "Though how often he's able to recognize a cancer patient when he sees one is another question," says Dr. Blumberg.

Chiropractic training is also

"Chiropractic isn't on the decline," says Frank Andrews, D.C., of Oakland, Calif. "Why even physical therapists have copied many of our methods for correcting certain spinal ailments." Andrews here demonstrates his side-posture adjusting table.

Hypertension and congestive failure controlled with Serpasil®-Esidrix®



Photographs used with permission of the patient

Mr. H.V., a 61-year-old retired pharmacist with hypertensive arteriosclerotic heart disease, was hospitalized in 1957 after a myocardial infarction. Blood pressure at this time ranged from 176/100 to 184/106 mm. Hg. The patient had associated congestive failure with ankle edema and dyspnea.

Serpasil-Esidrix Tablets #1 were added to the existing regimen of digitalis and low-salt diet in April, 1959. In the first 6 weeks of treatment, blood pressure decreased steadily to a range of 156/80 to 166/84 mm. Hg. Examination at the end of 6 weeks revealed no evidence of congestive failure. Neck veins were no longer distended; ankle edema was not present.

Mr. V.'s blood pressure is now stabilized at a satisfactory level and he has had no side effects from Serpasil-Esidrix. He can climb stairs without shortness of breath; he gets around more easily and feels better generally.

Serpasil-Esidrix combines in one tablet the antihypertensive and calming effects of Serpasil with the diuretic and anti-hypertensive-potentiating actions of Esidrix—for control of high blood pressure plus many complications.

SUPPLIED: Tablets #2 (light orange), each containing 0.1 mg. Serpasil and 50 mg. Esidrix; bottles of 100. **Tablets #1** (light orange), each containing 0.1 mg. Serpasil and 25 mg. Esidrix; bottles of 100.

SERPASIL® (reserpine CIBA)
ESIDRIX® (hydrochlorothiazide CIBA)

For complete information about Serpasil-Esidrix (including dosage, cautions, and side effects), see 1961 Physicians' Desk Reference or write CIBA, Summit, N.J. 2/2900MB

CIBA
SUMMIT·NEW JERSEY

Serpasil®-Esidrix®
(reserpine and hydrochlorothiazide CIBA)

SUCCESSFUL FAMILY PLANNING... BASED ON YOUR COUNSEL AND **LANESTA® GEL**

As a physician, you play an essential role in the happiness and well-being of the family. At all times — when the young couple is first married, as the children arrive, and even after the family is complete — your counsel, including your recommendations for the use of Lanesta Gel, is of major importance.

Lanesta Gel, with or without a diaphragm, is a most effective means of conception control. Lanesta Gel effects speedier spermicidal action because it diffuses rapidly into the seminal clot. In fact, *the mean diffusion spermicidal time of Lanesta Gel is three to seven times faster than the mean diffusion times of ten leading, commercially available contraceptive creams, gels, or jellies,* according to Gamble ("Spermicidal Times of Commercial Contraceptive Materials — 1959").*

Lanesta Gel has complete esthetic acceptance and is well tolerated.

*Gamble, C. J.: Am. Pract. & Digest Treat. *11*:852 (Oct.) 1960. See also Berberian, D. A., and Slighter, R. G.: J.A.M.A. *168*:2257 (Dec. 27) 1958; Olson, H. J.; Wolf, L.; Behne, D.; Ungerleider, J., and Tyler, E. T.: California Med. *94*:292 (May) 1961; Kaufman, S. A.: Obst. & Gynec. *15*:401 (Mar.) 1960; Warner, M. P.: J. Am. M. Women's A. *14*:412 (May) 1959.

A Product of Lanteen® Research BREON

Supplied by Esta Medical Laboratories, Inc., Alliance, Ohio

Distributed by
BREON LABORATORIES INC.,
New York 18, N. Y.

declining. The Stanford researchers studied three chiropractic colleges in California. Over the past eight years their total enrollment has gone down 22 per cent. Since almost all their income is from tuition, this decline is hitting them hard. One college budgets no money for library purposes. Another has just one faculty member for every thirty-two students. Another is housed in a single-family residence. Of the total of twenty-nine faculty members in two of the colleges, only ten claim academic degrees. The only teacher with a doctorate (other than D.C.) is a veterinarian.

Tuition runs between $1,200 and $1,700 for the full four-year course. The student gets about six hours of instruction a day—mostly lectures. Although two of the schools examined by the survey researchers have adequate laboratories, they showed few signs of use. About one of the labs the researchers said: "There were no chemicals stored on the grounds and no odor of chemicals in the laboratory. . . . Storage space under

"The drop in the number of D.C. schools is a healthy sign," says Alfred C. Meadows, president of the California Chiropractic Association. "By consolidating our schools, we've upgraded our educational standards to a much higher level than ever before."

the work benches was empty."

Once the student enrolls in a chiropractic college, his chance of being graduated is practically assured. Ninety per cent of the students in one college get As or Bs. The only real test of their competence comes with their state licensure examination. Of those who take it, 23 per cent fail.

What kind of person is drawn to the "profession"? According to the survey, the typical chiropractor has earned his high school diploma and added a few years of college but no degree. He doesn't take up training until he's over 30. By that time he's worked several years in a factory or as a health technician. Since he has a family to

'Criticism is good,' says this D.C.

Most chiropractors decry the Stanford Research Institute's report as a vicious attack on their profession. But here's one D.C. who thinks it's proving more of an asset than a liability. Says Henry G. Higley, director of research at Los Angeles College of Chiropractic: "Since the report was published, donations to our school from chiropractors have gone up from 1 per cent to 9 per cent of our total income. As the report correctly states, our colleges need larger full-time faculties, lower teaching loads and higher salaries. So stirring us up is forcing us to correct some of our school's financial problems—and may be doing chiropractic a real favor."


NOW
EVERY INJECTION CAN BE
SAFE
EFFICIENT
CONVENIENT
...WITH LITTLE OR NO PAIN
TUBEX

HOW YOU AND YOUR PATIENTS BENEFIT FROM THIS INJECTION SYSTEM

SAFE – ELIMINATES A MAJOR SOURCE OF SERUM HEPATITIS

Single-use, disposable TUBEX sterile cartridge-needle units can't transmit serum hepatitis or other injection-induced infections.

Clearly labeled, accurately premeasured doses reduce hazard of dosage errors. Glass cartridges can't react with or contaminate medications.

EFFICIENT AND CONVENIENT

Injectables ready for immediate use; no measuring doses, filling of syringes needed. Eliminates time and effort for sterilizing and sharpening. Easy to carry on calls.

READILY ACCEPTED BY PATIENTS

Triple-bevel, sharp needle minimizes pain. Fresh cartridge-needle unit for each injection is assuring to patients.

MEETS ALL INJECTION NEEDS

Drugs available in TUBEX—either 1-cc. or 2-cc. sterile cartridge-needle units—fill most of your injectable needs in daily practice.

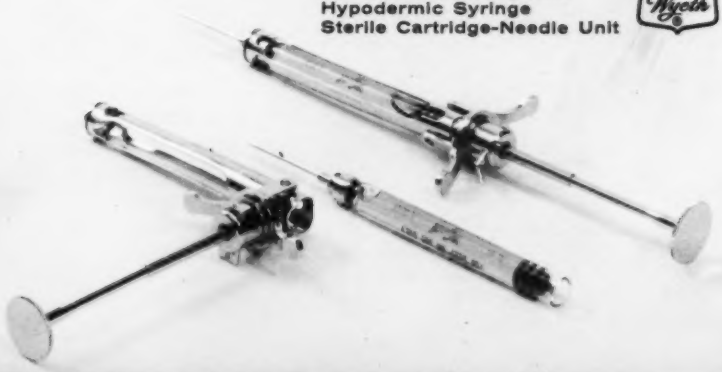
For all other injections, empty TUBEX sterile cartridge-needle units may be employed; retain major advantages of TUBEX system.

Wyeth Laboratories
Philadelphia 1, Pa.

TUBEX®

Closed Injection System
Hypodermic Syringe
Sterile Cartridge-Needle Unit

Wyeth®



support, he has to work more than twenty hours a week to earn money while attending chiropractic college.

The Stanford study reveals the typical D.C. as an inveterate joiner. He belongs to two or more professional organizations and a variety of community groups. But as Dr. Blumberg says: "Chiropractors are terribly divisive. The whole profession is ridden with factions and splinter groups. Some of their associations have as few as ten members."

Most of these associations fall into two categories: the "mixers," who believe in broadening chiropractic, and the "straights," who want to stick to spinal adjustment only. But among California "straights" alone, there are three main organizations plus a number of affiliated groups—each one of them busy splitting hairs with the others.

With all these problems and limitations, chiropractic's future looks dim. To improve their position, the study concludes, chiropractors would have to overcome their differences and emerge as either specialized "straights" or better-educated "mixers." But the latter choice isn't likely. "To become a part of modern medicine," the authors declare, "chiropractic would have to compete . . . with the well established medical institutions. . . . Within the [cult] itself there is a conflict of philosophy and a struggle for control. Furthermore, the schools are in financial difficulty with no apparent relief in sight.

"These facts suggest that chiropractic does not have the strength to compete more successfully than it has in the past in a field . . . characterized by an increasing degree of scientific approach, greater financial investment, and higher standards of practice."

Adds Dr. Blumberg: "In my opinion, the average *practicing* chiropractor is sincere in his belief in chiropractic, though unaware of his limitations. But the fact that nearly a quarter of the licensed chiropractors in California *don't* practice is serious evidence that many are disenchanted."

Parking chaos at your hospital? Try meters

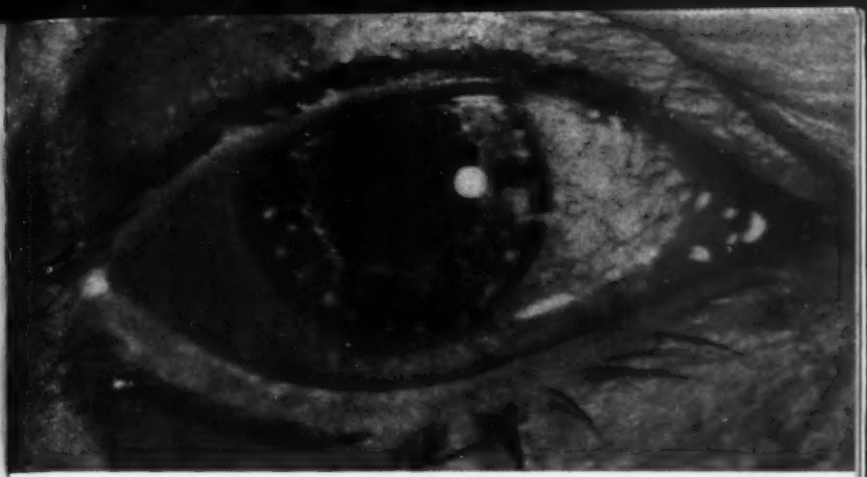
If you're tired of parking your car many blocks away from the hospital because the parking lot is jammed every time you want to use it, perhaps your hospital could improve matters by switching over to a metered parking system.

Philadelphia's Lankenau Hospital recently installed one and increased the capacity of its parking lots from 500 to 716 cars—without buying new land. Here's how the feat was accomplished, according to H. W. Maysent, associate director of the hospital:

The hospital divided its total parking space into four independent areas: one for doctors, one for long-term visitors, one for short-term visitors, and one for hospital employes.

Long-term visitors pay 25 cents via meters for 24 hours' parking. Short-termers pay 5

A "doctors only" parking area helps solve the jammed-lot problem at Philadelphia's Lankenau Hospital. Here Dr. A. P. Angelides uses a special key card to open the gate. M.D.s pay $1.50 per month.



acute conjunctivitis before treatment *clinical photograph*

truly soluble—for fast relief of inflammation

0.1% OPHTHALMIC SOLUTION

NeoDecadron®

DEXAMETHASONE 21-PHOSPHATE—NEOMYCIN SULFATE

INDICATIONS: Trauma—mechanical, chemical or thermal; inflammation of the conjunctiva, cornea, or uveal tract involving the anterior segment; allergy; blepharitis.

CAUTION: Steroid therapy should never be employed in the presence of tuberculosis or herpes simplex.

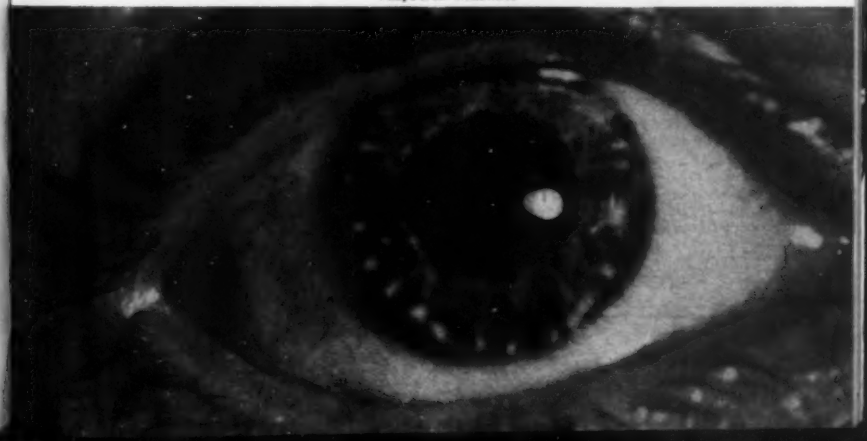
NeoDECADRON is also available as the ophthalmic ointment (.05%). Ointment and solution are available with dexamethasone 21-phosphate alone: DECADRON® Phosphate Ophthalmic Solution and DECADRON Phosphate Ophthalmic Ointment.

• unexcelled steroid activity • in true solution for peak effectiveness . . . maximal contact at the site of the lesion • superior patient comfort—no irritating particles • quick-acting, broad antimicrobial activity.

Additional information is available to physicians on request. NeoDECADRON and DECADRON are trademarks of Merck & Co., INC.

MERCK SHARP & DOHME
Division of Merck & Co., INC., West Point, Pa.

4 days after treatment



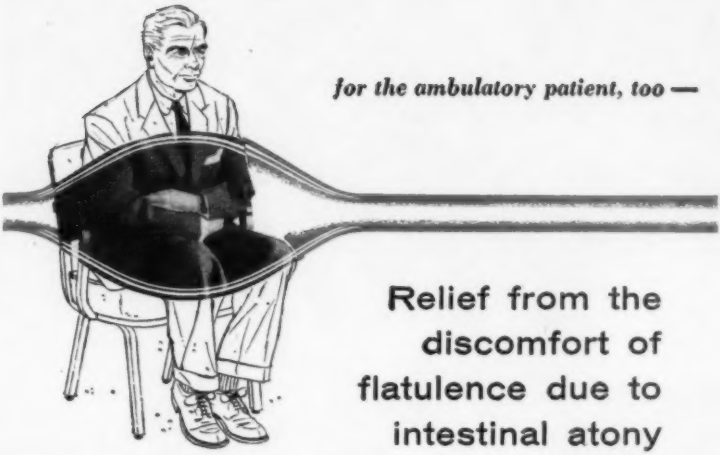
cents via meters for 2 hours' parking. Doctors pay a fee of $1.50 a month for unlimited use of a special lot near the hospital. And employes—including internes, residents, and students—are allowed free parking in the hospital's most distant lot.

Doctors operate the gate mechanism of their lot with special plastic key cards. Unauthorized cars can't get past the gate.

When the doctors' parking lot is filled, physicians can use the employes' parking area. The result? "No more parking worries for *our* staff," says Maysent.

1961
Medical Economics
Awards

Settle down now to write that article you've thought of so many times—the one that will help your fellow physicians grasp an economic truth, avoid a fiscal mistake, run a better office, or get more genuine satisfaction out of practicing medicine. You can receive up to $500 for your article. Send your entry, postmarked on or before August 31, 1961, to: Awards Editor, MEDICAL ECONOMICS, Oradell, N. J.



for the ambulatory patient, too —

Relief from the discomfort of flatulence due to intestinal atony

WARREN-TEED

ILOPAN®-CHOLINE *tablets*

The successful use of parenteral ILOPAN for prevention and relief of postsurgical retention of flatus and feces has brought demands for similarly effective medication for ambulatory patients — those suffering from intestinal atonia and/or gas retention, as such, or as complications of geriatric problems, gastric hyperacidity, gastritis, pregnancy, irritable colon, ureteroenterostomy, regional ileitis, splenic flexure syndrome, infectious hepatitis, cholecystitis.

To ILOPAN (d-pantothenyl alcohol, W-T) has been added CHOLINE. Pantothenyl alcohol aids formation of coenzyme A essential to acetylation of choline. Choline is the parent substance of acetylcholine necessary for gastrointestinal tonus. *Effectiveness? — 90% in three independent clinical evaluations of patients aged 20 to 80! And safe.*

COMPOSITION: Each tablet contains Ilopan (brand of d-pantothenyl alcohol) 50 mg., choline bitartrate 25 mg.

INDICATIONS: Gas retention in the atonic gastrointestinal tract of ambulatory patients.

DOSAGE: Two tablets three times daily. Three tablets three times daily in severe cases.

HOW SUPPLIED: Bottles of 100 and 500.

WARREN-TEED PHARMACEUTICALS ®

THE WARREN-TEED PRODUCTS COMPANY

COLUMBUS 8, OHIO

Dallas Chattanooga Los Angeles Portland


unsurpassed "general-purpose" steroid outstanding for "special-purpose" therapy
Aristocort®

in allergic respiratory disorders

Aristocort

Triamcinolone LEDERLE

UNSURPASSED "GENERAL-PURPOSE" STEROID
OUTSTANDING FOR "SPECIAL-PURPOSE THERAPY"

ARISTOCORT Triamcinolone has long since proved its *unsurpassed efficacy and relative safety* in treating allergic respiratory disorders, including bronchial asthma. Clinical evidence has now shown that ARISTOCORT is also highly valuable for "special-problem" patients – asthmatic and others – who, because of certain complications, were hitherto considered poor candidates for corticosteroids.

for example:

PATIENTS WITH IMPENDING CARDIAC DECOMPENSATION

In contrast to most of its congeners, ARISTOCORT is not contraindicated when edema is present or when cardiac decompensation impends.[1]

PATIENTS WITH EMOTIONAL AND NERVOUS DISORDERS

Triamcinolone did not produce psychic disturbances or insomnia.[2]

PATIENTS WHOSE APPETITES SHOULD NOT BE STIMULATED

Among patients treated with ARISTOCORT, there was less appetite stimulation, especially in those who had previously gained weight on long-term therapy with other steroids.[3]

PATIENTS WITH HYPERTENSION

There was no blood pressure increase in any patient treated for bronchial asthma, and in some, blood pressure fell. Of these, three had been hypertensive.[4]

References: 1. McGavack, T. H.; Kao, K. Y. T.; Leake, D. A.; Bauer, H. G., and Berger, H. E.: *Am. J. M. Sc.* 236:720 (Dec.) 1958. 2. McGavack, T. H.: *Nebraska M. J.* 44:377 (Aug.) 1959. 3. Friedlaender, S., and Friedlaender, A. S.: *Antibiotic Med. & Clin. Ther.* 5:315 (May) 1958. 4. Sherwood, H., and Cooke, R. A.: *J. Allergy* 28:97 (March) 1957.

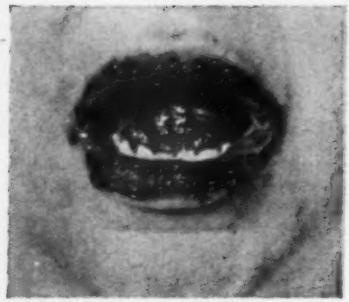
Precautions: Collateral hormonal effects generally associated with corticosteroids may be induced. These include Cushingoid manifestations and muscle weakness. However, sodium and potassium retention, edema, weight gain, psychic aberration and hypertension are exceedingly rare. In the treatment of allergic respiratory disorders, dosage should be individualized and kept at the lowest level needed to control symptoms. Dosage should not exceed 36 mg. daily without potassium supplementation. Drug should not be withdrawn abruptly. Contraindicated in herpes simplex and chicken pox.

Supplied: Scored tablets—1 mg. (yellow); 2 mg. (pink); 4 mg. (white); 16 mg. (white). Also available—syrup, parenteral and various topical forms.

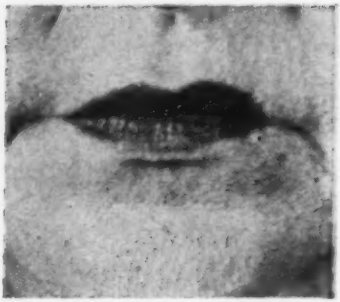
Request complete information on indications, dosage, precautions and contraindications from your Lederle representative or write to Medical Advisory Department.[1]

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.

SKIN DISORDERS
RESPONSIVE
TO TRIAMCINOLONE



Pemphigus vulgaris



After 51 days of Kenacort therapy

Kenacort is effective in many common dermatologic conditions responsive to steroid therapy. It provides prompt symptomatic relief and promotes healing—may be of value when other corticoids have failed. With Kenacort, there are virtually no mood changes, edema, sodium or water retention, or secondary hypertension; and there is far less gastrointestinal distress than is generally encountered with other corticoids.

Supply: Scored white tablets of 1 mg., 2 mg. and 4 mg. Syrup, in 120 cc. bottles, each 5 cc. teaspoonful containing 5.1 mg. triamcinolone diacetate providing 4 mg. triamcinolone.

"The spectacular improvement observed in most cases of severe atopic dermatitis and alopecia areata makes triamcinolone an extremely valuable drug in the therapeutic armamentarium of the dermatologist."[1]

"...highly effective in the management of a variety of eczematous dermatoses...useful in the management of erythema multiforme and subacute lupus erythematosus."[2]

"Triamcinolone was preferred in cases of arthritis with psoriasis because of an exceptional ability to clear the skin."[3]

References: 1. Edelstein, A. J.: Pennsylvania M. J. *62*:1831 (Dec.) 1959. 2. Smith, J. G., Jr.; Engel, M. F.; and Blank, H.: J. Florida M. A. *46*:960 (Feb.) 1960. 3. Robins, H. M.: New York J. Med. *61*:717 (Mar. 1) 1961.

For full information, see your Squibb Product Reference or Product Brief.

Kenacort
Squibb Triamcinolone

SQUIBB
Squibb Quality—
the Priceless Ingredient

What's gone wrong with the Blue plans?

Their 'community rating' philosophy is being gnawed away by insurance company competition, thus forcing the Blue plans into more and more compromise with 'experience rating'

By Richard P. Pratt

I visited an Indiana internist to discuss his medical society's emergency-call service. I found him with a half-dozen popular magazines open on his desk.

"Look at these," he said. The titles were big, black, and bold: THE CRISIS IN HEALTH INSURANCE . . . BLUE CROSS —RETREAT FROM IDEALISM . . . WHAT DO YOUR BLUE CROSS AND BLUE SHIELD *REALLY* COVER?

"And I've had these right in my own waiting room," he went on. "We started Blue Shield to help patients pay for medical care. We thought we were offering the public a service. Now, every time I pick up a magazine, somebody's lambasting us for Blue Shield's alleged shortcomings. On top of that, we get hit with whatever they've got against Blue Cross, too. What's happened to the Blue plans?"

What's happened may at first seem obvious: With more people wanting more expensive care, with rising costs, booming rates, and demands for increased coverage, any health insuring mechanism is bound to develop snags. As one physician put it, "When it comes to medical care, everybody wants to go first class—at economy rates."

But the real problem involves much more than just fees and costs; it involves the entire phi-

NOW—FOR BETTER MANAGEMENT OF GASTROINTESTINAL DISORDERS:

LIBRAX In peptic ulcers and other disturbances of the digestive tract, cause and effect often become indistinguishable. Emotional tension will precipitate organic symptoms, while organic symptomatology aggravates anxiety and tension. New Librax now enables the physician to disrupt this vicious circle. Many patients can be satisfactorily maintained on Librax alone. At the same time, dietary control and other medications may and should be continued, if indicated.

Clinical trials have established the value of Librax specifically in the following conditions:

- Peptic ulcer
- Hyperchlorhydria
- Pylorospasm
- Biliary dyskinesia
- Cardiospasm
- Gastritis
- Duodenitis
- Ulcerative or spastic colitis
- Other functional or organic disorders of the digestive tract

Now in a single capsule: two exclusive developments of Roche research

LIBRIUM – the successor to the tranquilizers

helps control the anxiety and tension so frequently associated with gastrointestinal disorders

may be used with confidence: does not cause diarrhea or other undesirable effects in the digestive tract

QUARZAN – a superior new anticholinergic agent

offers effective antispasmodic-antisecretory action

produces fewer, less pronounced side reactions than other anticholinergic agents

NEW

LIBRAX

CAUSE ⇌ EFFECT THERAPY IN GASTROINTESTINAL DISORDERS

Each Librax capsule provides 5 mg Librium HCl and 2.5 mg Quarzan Br.

Consult literature and dosage information, available on request, before prescribing.

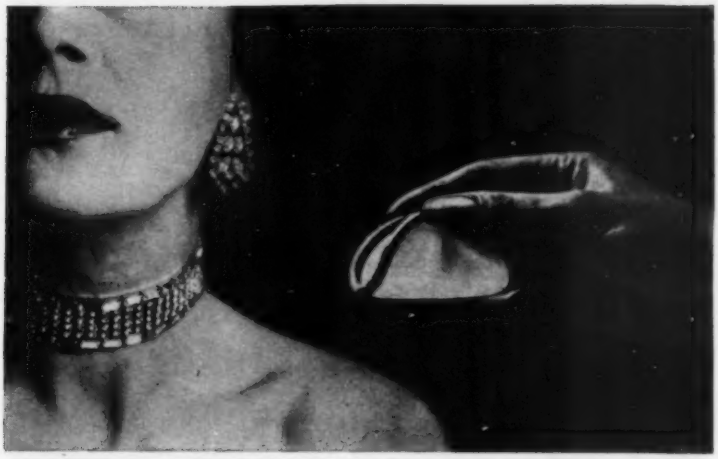
LIBRAX™ LIBRIUM®—7-chloro-2-methylamino-5-phenyl-3H-1,4-benzodiazepine 4-oxide QUARZAN®—1-methyl-3-benziloyloxyquinuclidinium

ROCHE LABORATORIES **Division of Hoffmann-La Roche Inc.**

losophy of nonprofit prepayment plans. The men who govern the Blues, some critics say, have forgotten their original social service aim and are seeking solutions in commercial insurance methods.

Here's how Jerome Pollack, program consultant for the United Auto Workers and persistent critic of prepayment plans, sees the problem: "Blue Cross and Blue Shield . . . cannot hope to beat the insur-

"Community rating" health insurance means that, regardless of age or occupation, everyone pays the same rate (symbolized by the mixed crowd above). "Experience rating" means the insured are divided into groups (such as the factory workers below) paying varying rates.



master craftsmanship

Master craftsmanship, traditional with RAMSES for almost a half century, stands behind the superb quality of every RAMSES Diaphragm—both the regular and the new BENDEX, an arc-ing spring diaphragm.

Quality and design make these RAMSES Diaphragms first choice of your women patients who appreciate elegance and comfort, along with known reliability.

Ramses®
Flexible Cushioned Diaphragm

The regular RAMSES Diaphragm, suitable for most women, is constructed of pure gum rubber, with a dome that is unusually light and velvet smooth. The rim, encased in soft rubber, is flexible in all planes, permitting complete freedom of motion.

Ramses BENDEX®
Flexible Cushioned Diaphragm

For those women who prefer or require an arc-ing type diaphragm, the new RAMSES BENDEX embodies the superior features of the regular RAMSES *plus the very best hinge mechanism contained in any arc-ing diaphragm.*

RAMSES "TUK-A-WAY"® Kit #701—Designed like a fine accessory, this complete unit contains regular RAMSES Diaphragm 50 to 95 mm., with Introducer and 3 oz. tube RAMSES Vaginal Jelly. RAMSES "TUK-A-WAY" Kit #703—The same complete BENDEX unit minus Introducer (not required with arc-ing diaphragm). Sizes 65 to 90 mm.

*Ramses "10-HOUR" Vaginal Jelly** *specifically for use with Ramses Diaphragms*

*Active agent, dodecaethyleneglycol monolaurate 5% in a base of long-lasting barrier effectiveness.

RAMSES, BENDEX and "TUK-A-WAY" are registered trade-marks of Julius Schmid, Inc.

JULIUS SCHMID, INC.
423 West 55th Street, New York 19, N. Y.

NOW—FOR BETTER MANAGEMENT OF GASTROINTESTINAL DISORDERS:

LIBRAX In peptic ulcers and other disturbances of the digestive tract, cause and effect often become indistinguishable. Emotional tension will precipitate organic symptoms, while organic symptomatology aggravates anxiety and tension. New Librax now enables the physician to disrupt this vicious circle. Many patients can be satisfactorily maintained on Librax alone. At the same time, dietary control and other medications may and should be continued, if indicated.

Clinical trials have established the value of Librax specifically in the following conditions:

- Peptic ulcer
- Hyperchlorhydria
- Pylorospasm
- Biliary dyskinesia
- Cardiospasm
- Gastritis
- Duodenitis
- Ulcerative or spastic colitis
- Other functional or organic disorders of the digestive tract

Now in a single capsule: two exclusive developments of Roche research

LIBRIUM – the successor to the tranquilizers

helps control the anxiety and tension so frequently associated with gastrointestinal disorders

may be used with confidence: does not cause diarrhea or other undesirable effects in the digestive tract

QUARZAN – a superior new anticholinergic agent

offers effective antispasmodic-antisecretory action

produces fewer, less pronounced side reactions than other anticholinergic agents

NEW

LIBRAX

CAUSE ⇌ EFFECT THERAPY IN GASTROINTESTINAL DISORDERS

Each Librax capsule provides 5 mg Librium HCl and 2.5 mg Quarzan Br.

Consult literature and dosage information, available on request, before prescribing.

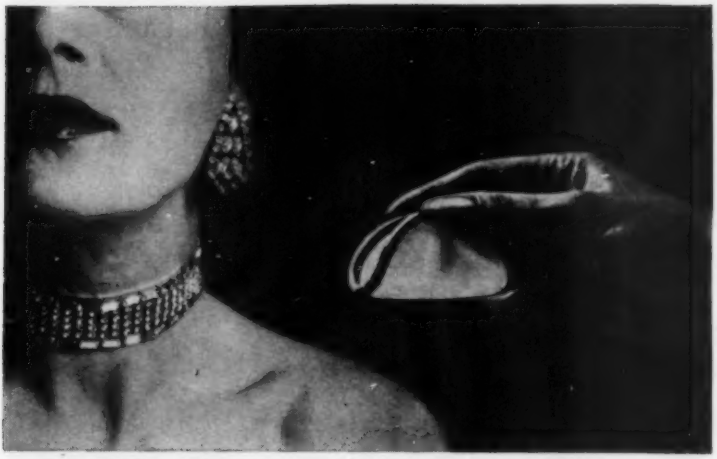
LIBRAX®. LIBRIUM®—7-chloro-2-methylamino-5-phenyl-3H-1,4-benzodiazepine 4-oxide QUARZAN®—1-methyl-3-benziloyloxyquinuclidinium

ROCHE LABORATORIES Division of Hoffmann-La Roche Inc.

losophy of nonprofit prepayment plans. The men who govern the Blues, some critics say, have forgotten their original social service aim and are seeking solutions in commercial insurance methods.

Here's how Jerome Pollack, program consultant for the United Auto Workers and persistent critic of prepayment plans, sees the problem: "Blue Cross and Blue Shield . . . cannot hope to beat the insur-

"Community rating" health insurance means that, regardless of age or occupation, everyone pays the same rate (symbolized by the mixed crowd above). "Experience rating" means the insured are divided into groups (such as the factory workers below) paying varying rates.



master craftsmanship

Master craftsmanship, traditional with RAMSES for almost a half century, stands behind the superb quality of every RAMSES Diaphragm—both the regular and the new BENDEX, an arc-ing spring diaphragm.

Quality and design make these RAMSES Diaphragms first choice of your women patients who appreciate elegance and comfort, along with known reliability.

Ramses
Flexible Cushioned Diaphragm

The regular RAMSES Diaphragm, suitable for most women, is constructed of pure gum rubber, with a dome that is unusually light and velvet smooth. The rim, encased in soft rubber, is flexible in all planes, permitting complete freedom of motion.

Ramses BENDEX®
Flexible Cushioned Diaphragm

For those women who prefer or require an arc-ing type diaphragm, the new RAMSES BENDEX embodies the superior features of the regular RAMSES *plus the very best hinge mechanism contained in any arc-ing diaphragm.*

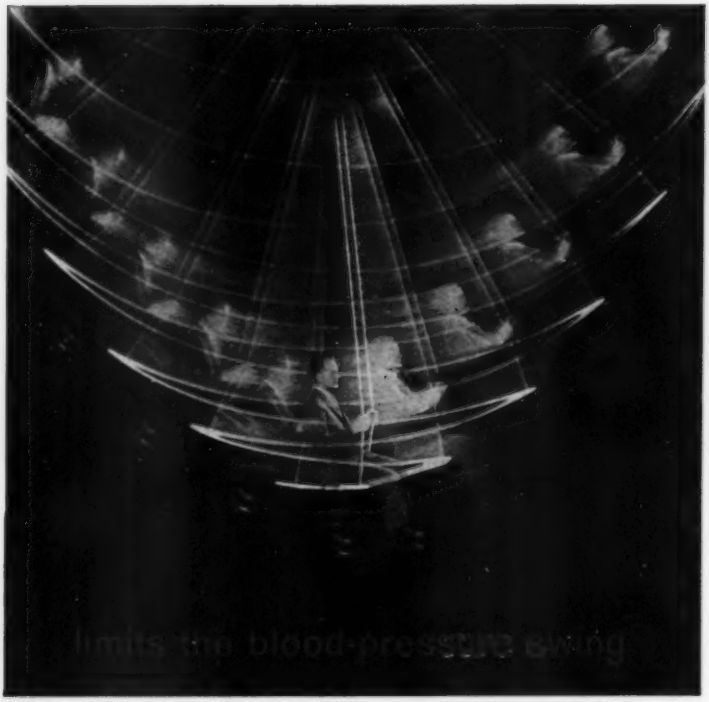
RAMSES "TUK-A-WAY"® Kit #701—Designed like a fine accessory, this complete unit contains regular RAMSES Diaphragm 50 to 95 mm., with Introducer and 3 oz. tube RAMSES Vaginal Jelly. RAMSES "TUK-A-WAY" Kit #703—The same complete BENDEX unit minus Introducer (not required with arc-ing diaphragm). Sizes 65 to 90 mm.

Ramses "10-HOUR" Vaginal Jelly*
specifically for use with Ramses Diaphragms

*Active agent, dodecaethyleneglycol monolaurate 5% in a base of long-lasting barrier effectiveness.

RAMSES, BENDEX and "TUK-A-WAY" are registered trade-marks of Julius Schmid, Inc.

JULIUS SCHMID, INC.
423 West 55th Street, New York 19, N. Y.



Rautrax-N lowers high blood pressure gently, gradually . . protects against sharp fluctuations in the normal pressure swing.

Rautrax-N offers all the advantages of Raudixin, Naturetin and potassium chloride in a single dosage form *plus: increased efficacy* — Combined action of Raudixin and Naturetin results in a potentiated antihypertensive effect greater than that produced by either drug alone. *increased safety* — Potentiated action permits lower dose of other antihypertensive agents, thus reducing severity of side effects. Protection against possible potassium depletion. *flexibility* — Interchangeable with either Raudixin or Naturetin & K. *economy* — Maintenance dosage of only 1 or 2 tablets daily for most patients. *convenience* — Once-a-day maintenance dosage. Two potencies available.

Supply: Rautrax-N — capsule-shaped tablets providing 50 mg. Raudixin, 4 mg. Naturetin, and 400 mg. potassium chloride.

Rautrax-N Modified — capsule-shaped tablets providing 50 mg. Raudixin, 2 mg. Naturetin, and 400 mg. potassium chloride.

Rautrax-N*

Squibb Standardized Whole Root Rauwolfia Serpentina (Raudixin) and Benzothiazide (*Naturetin) with Potassium Chloride

SQUIBB
Squibb Quality—the Priceless Ingredient

'RAUDIXIN'®, 'RAUTRAX'® AND 'NATURETIN'® ARE SQUIBB TRADEMARKS.

ance companies at their own game. They do not have the money, the resources, or [the] depth of management."

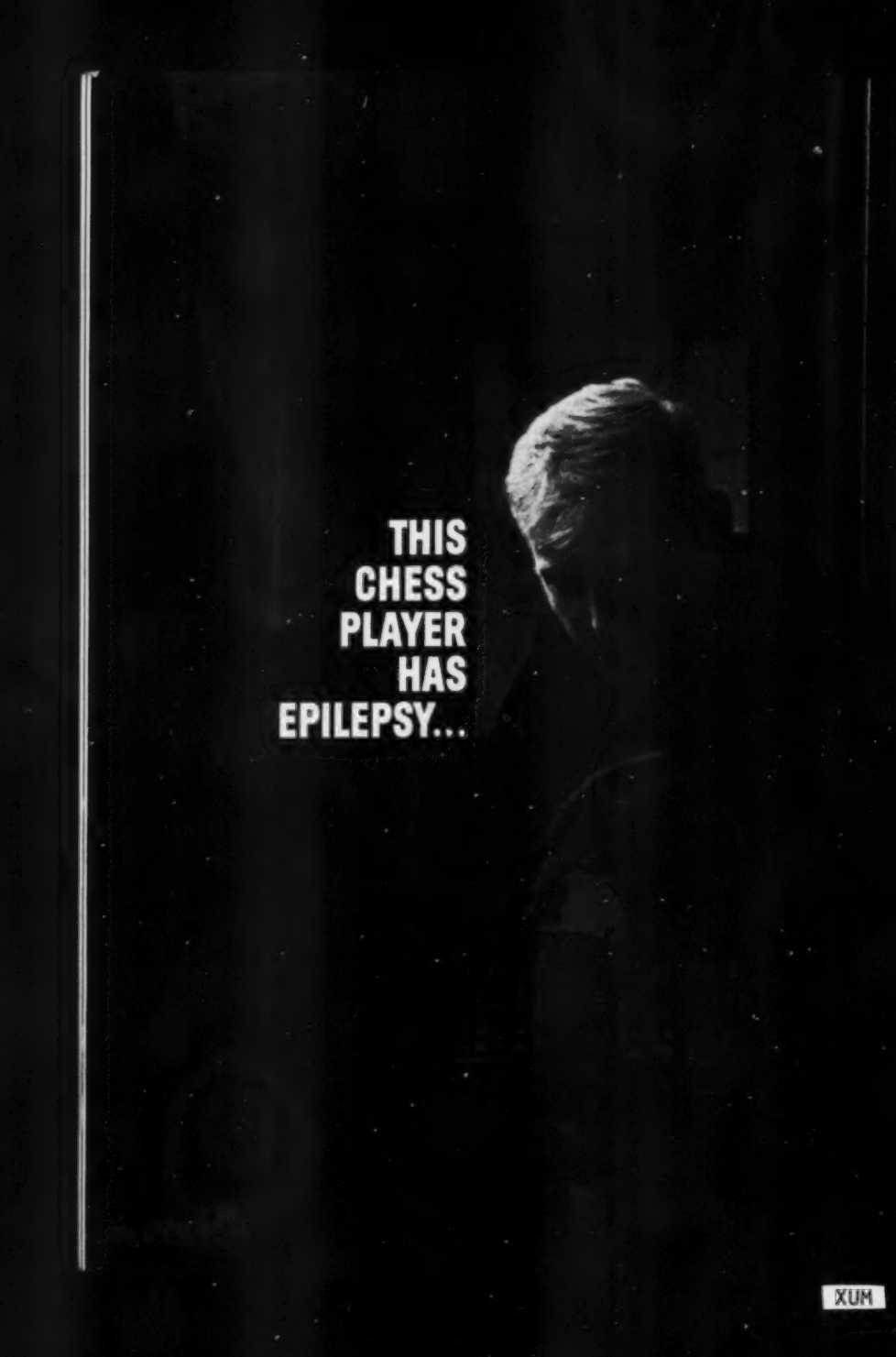
This attitude is reflected within Blue Cross itself. Says James E. Stuart, president of the Blue Cross Association: "If the voluntary system is to survive, Blue Cross must not be forced into the mold of commercial insurance. . . . Its future lies in following and strengthening the basic social concepts and community principles."

What kind of competition do the Blue plans face? Commercial insurance companies got off to a slow start, but they now write more than half the health coverage in the nation—and they're raising this percentage a little every year. Commercial companies have always charged according to the theory of "experience rating." When they sell health insurance to a group, their premium rates are based directly on the volume of benefits used by that particular group.

The Blues, taking an opposite tack, charge under the theory of "community rating." They lump all subscribers together under each type of contract and charge them one uniform rate —regardless of subscribers' needs and how much they use the benefits or what group they belong to.

Commercial insurers insist that heavy users pay their own

"How will the Blue plans keep going," asks U.A.W.'s Jerome Pollack, "if insurance companies draw off all the favorable risks by offering lower premiums to those groups?"


THIS
CHESS
PLAYER
HAS
EPILEPSY...

With proper medical management and adequate control of seizures, epileptic persons may lead productive, functioning lives.[1,2] To implement this goal, many clinicians have come to rely on DILANTIN for outstanding control of grand mal and psychomotor attacks. For example, when DILANTIN was administered to 12 patients,[3] all but one remained seizure-free in the hospital after the diphenylhydantoin blood level had reached its maximum. This patient experienced a single convulsion but had "...no further seizures during the subsequent three and a half months of observation." DILANTIN SODIUM (diphenylhydantoin sodium, Parke-Davis) is available in several forms, including Kapseals, 0.03 Gm. and 0.1 Gm., bottles of 100 & 1,000.

DILANTIN®
SODIUM KAPSEALS®
HELPS KEEP HIS SEIZURES IN CHECK

other members of the PARKE-DAVIS FAMILY OF ANTICONVULSANTS for grand mal and psychomotor seizures: PHELANTIN® Kapseals (Dilantin 100 mg., phenobarbital 30 mg., desoxyephedrine hydrochloride 2.5 mg.), bottles of 100. for the petit mal triad: MILONTIN® Kapseals (phensuximide, Parke-Davis) 0.5 Gm., bottles of 100 and 1,000; Suspension, 250 mg. per 4 cc., 16-ounce bottles · CELONTIN® Kapseals (methsuximide, Parke-Davis) 0.3 Gm., bottles of 100. ZARONTIN® Capsules (ethosuximide, Parke-Davis) 0.25 Gm., bottles of 100. See medical brochure for details of administration, precautions, and dosage.

(1) Carter, S.: *M. Clin. North America* 37:315, 1953.
(2) Maltby, G. L.: *J. Maine M. A.* 48:257, 1957.
(3) Buchthal, F.; Svensmark, O., & Schiller, P. J.: *Arch. Neurol.* 2:624, 1960.

PARKE-DAVIS
PARKE, DAVIS & COMPANY, Detroit 32, Michigan

way; the Blues try to charge a rate that balances out the cost over the whole community. The effects of this rate conflict were inevitable. Not long after the Blue plans were founded, their healthier member-groups began switching to commercial insurance; there they got the same coverage for lower prices. If this trend continued, the Blues reasoned, they'd soon be left with only the costly high-risk groups.

Doctors reacted in several ways—some extreme. Meetings of state medical societies began to ring with oratory urging medicine to "get out of the insurance business." Some M.D.s advised casting Blue Shield adrift to fend for itself. But moderates took the view expressed by one physician in his state journal: "We are so closely identified with [Blue Cross and Blue Shield] that their success or failure could well determine the fate of organized medicine."

Some of the Blues tried to solve the problem by adopting insurance company methods. They made the jump from a community-rating plan to an experience-rating plan. At first, such defections were few and scattered. But by 1952, the Blue Cross Commission became alarmed and appointed a committee to investigate the trend.

The committee found thir-

"The only way the Blue plans can give low-cost health insurance to the aged," says Dr. Donald Stubbs, head of Blue Shield, "is through a subsidy paid by the better-risk groups."

teen of the eighty-seven Blue Cross plans engaged in some sort of experience rating. Imploring the rest to stand fast, the committee pleaded for "an honest effort to withstand the pressures." The plea had little effect. Today less than half the nation's Blue Cross plans carry on under the banner of community rating. The remainder use either a group rating on the basis of experience or some combination of the two rating systems.

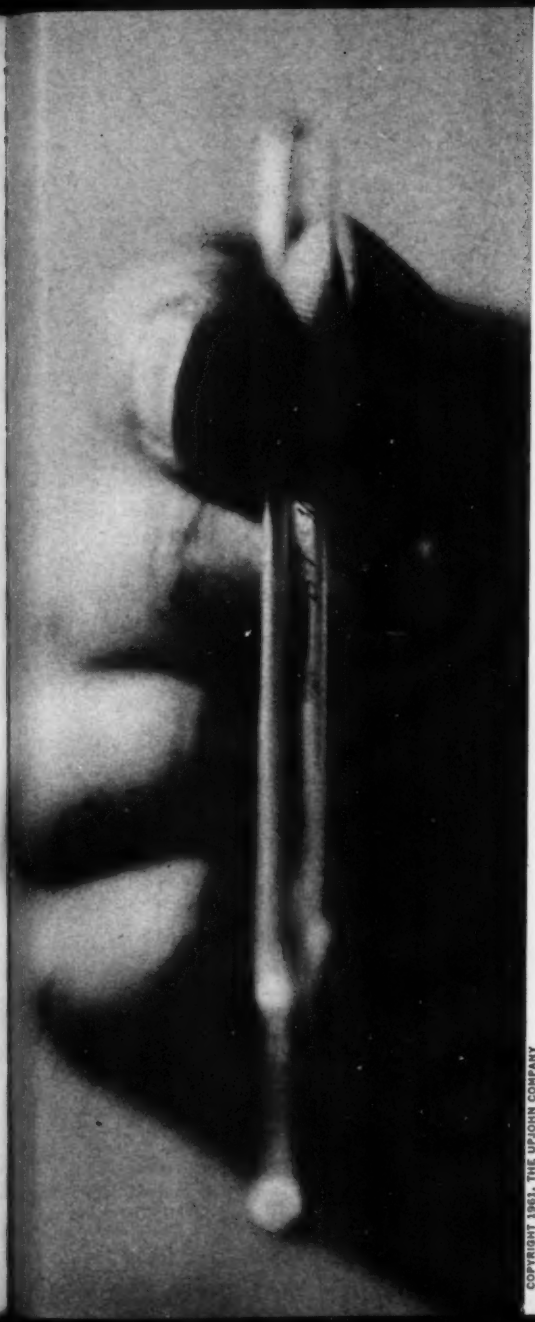
But what about Blue Shield? Was "The Doctors' Plan" any more successful in resisting the trend to commercial insurance methods? Not appreciably. A recent sampling of about two-thirds of the sixty-five Blue Shield plans shows only fifteen on a community-rating basis. Twenty-two have gone to experience rating, and ten use a combination of the methods.

Must the Blues accept experience rating as the price of staying in business? At least on a partial scale, according to Dr. Donald Stubbs, chairman of the board of the National Association of Blue Shield Plans. Dr. Stubbs is an ardent believer in community rating—but he's also a pragmatist. As he sees it:

"The community-rating principle is the only way we can offer a built-in subsidy to the poor-risk groups like the aged. But there's no doubt that eventually all Blue plans will have to do some experience rating. The Blues don't have a full monopoly in any community, and without such a monopoly there may have to be some adjustments in rating practices."

Ardent supporters of the community-rate theory don't buy this idea. Says Thomas C. Paton, director of professional relations for Michigan Medical Service: "Some of the plans have their backs to the wall and have yielded to pressure. But entirely too many of them have yielded before they had to. Many didn't try as hard as we have to sell the community-rating philosophy."

And sell it they have in Michigan, where the auto industry and the U.A.W. stoutly support its continuance. "The big auto companies don't subsidize the Michigan plans," Paton says,



in bacterial tracheobronchitis

Panalba® promptly

to gain precious therapeutic hours

In the presence of bacterial infection, taking a culture to determine bacterial identity and sensitivity is desirable—but not always practical.

A rational clinical alternative is to launch therapy at once with Panalba, the antibiotic that regardless of etiology provides the best odds for success.

Panalba is effective (in vitro) against 30 common pathogens, including the ubiquitous staph. Use of Panalba *from the outset* (even pending laboratory results) can gain precious hours of effective antibiotic treatment.

SUPPLIED: Capsules, each containing Panmycin® Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,® as novobiocin sodium, in bottles of 16 and 100.

USUAL ADULT DOSAGE: 1 or 2 capsules 3 or 4 times a day.

Side Effects: Panmycin Phosphate has a very low order of toxicity comparable to that of the other tetracyclines and is well tolerated clinically. Side reactions to therapeutic use in patients are infrequent and consist principally of mild nausea and abdominal cramps.

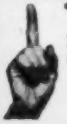
Albamycin also has a relatively low order of toxicity. In a certain few patients, a yellow pigment has been found in the plasma. This pigment, apparently a metabolic by-product of the drug, is not necessarily associated with abnormal liver function tests or liver enlargement.

Urticaria and maculopapular dermatitis, a few cases of leukopenia and agranulocytosis have been reported in patients treated with Albamycin. Most of these side effects usually disappear upon discontinuance of the drug.

CAUTION: Since the use of any antibiotic may result in overgrowth of nonsusceptible organisms, constant observation of the patient is essential. If new infections appear during therapy, appropriate measures should be taken.

Total and differential blood counts should be made routinely during prolonged administration of Albamycin. The possibility of liver damage should be considered if a yellow pigment, a metabolic by-product of Albamycin, appears in the plasma. Panalba should be discontinued if allergic reactions that are not readily controlled by antihistaminic agents develop.

®Trademark, Reg. U. S. Pat. Off.



your broad-spectrum antibiotic of first resort

Upjohn

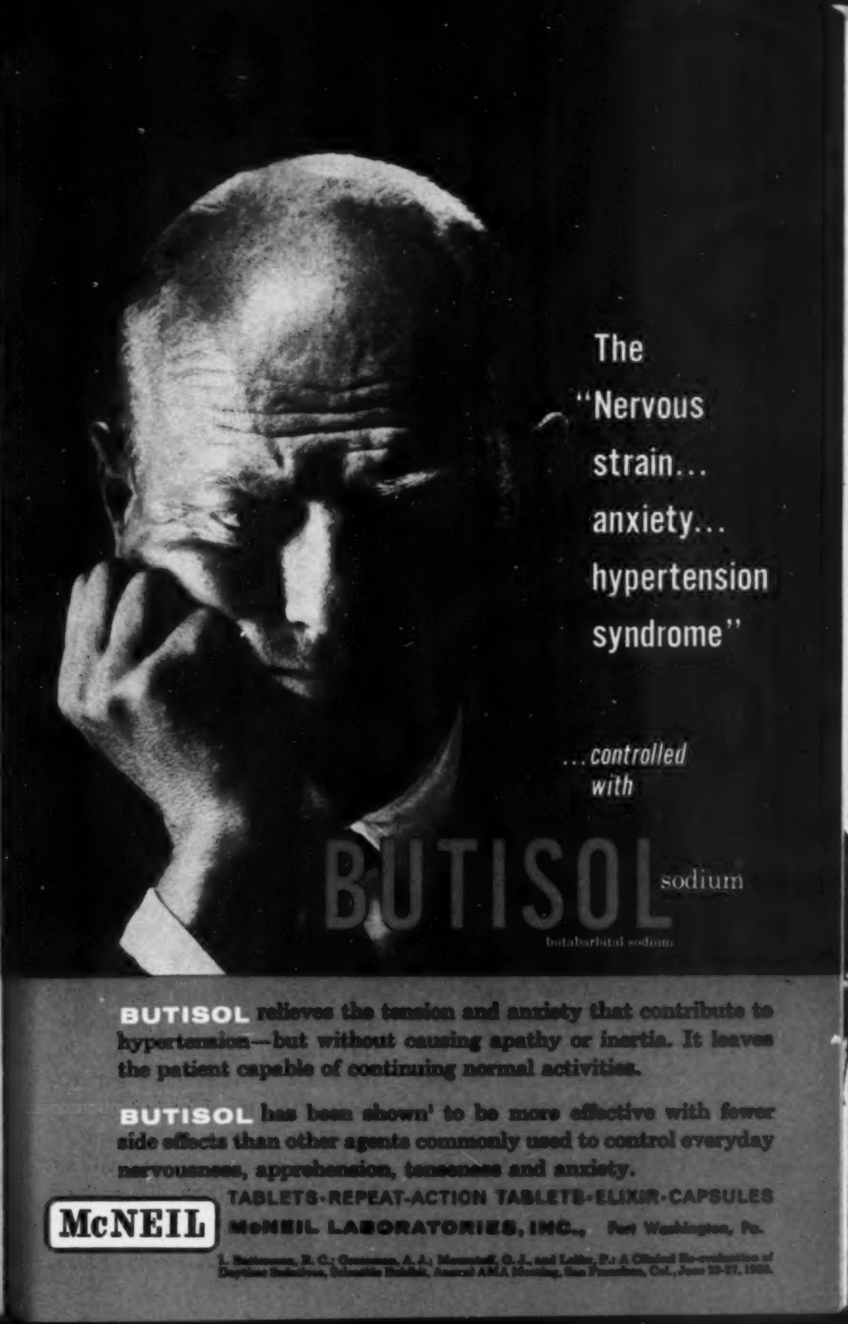
The Upjohn Company
Kalamazoo, Michigan

"but there's no doubt that their leadership has helped others in the state to see the importance of the community-rating concept." But Paton is realistic, too. "We know Michigan can't go this route by its lonesome," he says. "We've got to have help from other plans." (Help from *somewhere* is badly needed, according to Dr. John W. Rice, a director for Michigan's Blue Shield. Observes Dr. Rice wryly: "It's probably the biggest bargain in the prepaid medical care field today, or we wouldn't be $3,000,000 in the red.")

Faced with the choice of either altering their community-service philosophy or losing ground to commercial insurance companies, some of the Blue plans have developed a compromise rating system. One such compromise is being used in Indiana. Says L. E. Converse, director of physician relations for Indiana's Blue Shield Plan:

"We divided our subscribers into four classes. The fourth

"I've got a warning for you; but keep it under your scrub cap: The tissue committee has had the O.R. bugged."



The
"Nervous
strain...
anxiety...
hypertension
syndrome"
...controlled
with
BUTISOL sodium
butabarbital sodium
BUTISOL relieves the tension and anxiety that contribute to hypertension—but without causing apathy or inertia. It leaves the patient capable of continuing normal activities.
BUTISOL has been shown[1] to be more effective with fewer side effects than other agents commonly used to control everyday nervousness, apprehension, tenseness and anxiety.
McNEIL
TABLETS · REPEAT-ACTION TABLETS · ELIXIR · CAPSULES
McNEIL LABORATORIES, INC., Fort Washington, Pa.

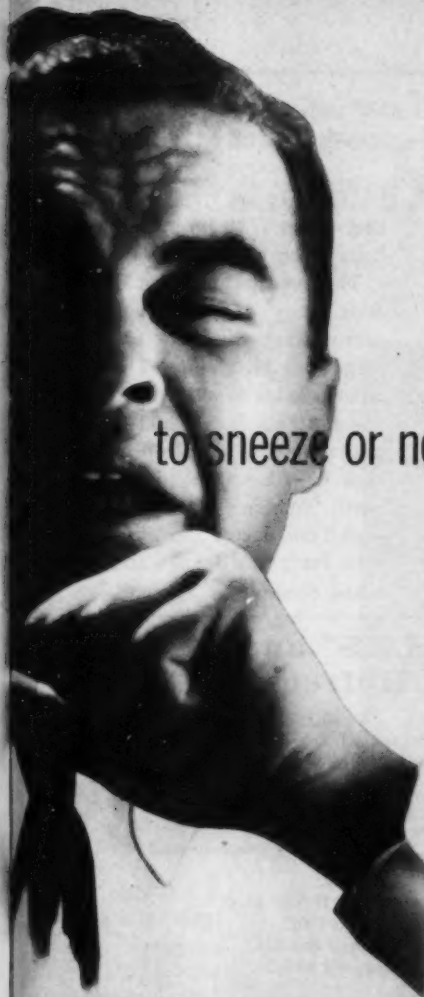
class contains our high-loss groups, like the aged. We rate the first three classes on their experience. And they help support the fourth. This is a compromise between experience rating and community rating."

A similar approach is being used in Mississippi, according to Richard C. Williams, executive director of the Mississippi Hospital and Medical Service. Says Williams: "In 1953 we had to ask for a general rate increase. We got it, but it cost us a good chunk of our business. So we asked for permission to divide our subscribers into categories based on group size. Now we rate these categories on the basis of their own experience. But we don't drop the old folks or force them out with high premiums. Our low-loss groups help to pay for those with high-loss records."

There seems little doubt that many more physician-backed prepayment plans are drifting away from community rating and trying desperately to evolve similar compromises. As in most compromises, neither extreme will be happy.

Compromise may not suit those who agree with James F. Coleman, former president of United Medical Service, Inc. He says: "In free and voluntary health insurance, there's no magic that makes it practicable to insure the indigent and the uninsurable. To do so would require that we be subsidized by someone. Lacking taxation power and compulsion, we can't continue to use the funds of one class to support another class."

Nor is compromise likely to suit the supporters of U.A.W.'s Jerome Pollack, who warns: "The long-term strength of the voluntary system will greatly depend on its risk-sharing base." Pollack asks whether the so-called bad risks—women, the aged, and people with large families—should be denied protection or forced to accept poor compromises because the risk-sharing mechanism won't accommodate their greater needs. He claims that in some instances the costs under experience rating plans are twice the community rate. "To permit such conditions in a field so vital," says Pollack, "is to run



Schering

to sneeze or not to sneeze...

in hay fever, there is no question

POLARAMINE

rapid relief of sneezing, tearing, associated symptoms

POLARAMINE provides unexcelled antihistaminic effectiveness with minimal dosage for your patients with hay fever. Rapid, effective relief of sneezing, tearing, rhinorrhea, itching and other symptoms helps your patients to "breathe easy" again . . . permits them to enjoy their environment. Patients feel better instead of "dragged out" because sleepless nights are no longer a problem. With POLARAMINE, your patients can work, read, engage in sports and other activities without being hampered by the distressing symptoms of hay fever.

For daylong or nightlong control, POLARAMINE REPETABS,® 4 and 6 mg., afford prolonged relief, eliminate repeated taking of medication.

Also available as Tablets, 2 mg., and Syrup, 2 mg./5 cc.

For complete details, consult latest Schering Literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

POLARAMINE® Maleate, brand of dexchlorpheniramine maleate.

4281

headlong into government intervention."

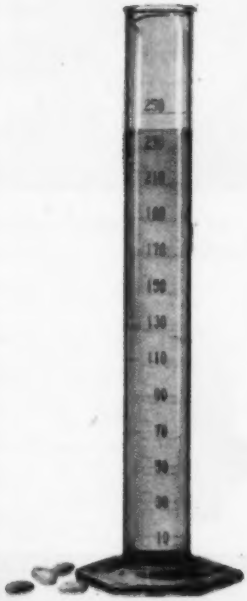
The threat of government intervention explains much of the devotion to community rating. Many doctors believe it's the best way to keep the government out of the health insurance business. "Preferential systems are bound to create a segment of uncovered people," says one physician-member of a Blue Shield board. "Once that segment gets big enough, off they go to Washington seeking help. Then we're in trouble."

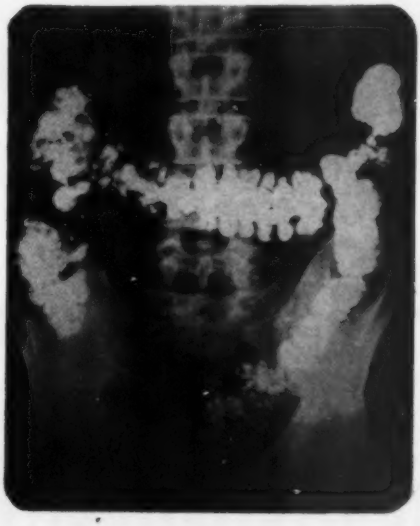
The eventual solution of the Blue plans' dilemma, most observers feel, will be determined largely by physicians. The profession holds effective control of the nation's Blue Shield plans and enjoys strong representation on Blue Cross boards as well. "We're in the driver's seat," one doctor says. "It's our own fault if we don't steer toward community rating."

In acute and chronic diarrhea the most effective symptomatic solution to the dual problem:

dual action **Sorboquel** *tablets*

(polycarbophil-thihexinol methylbromide)





***fast action* 1**

for too fluid feces:

Exceptional water-binding capacity of polycarbophil to absorb free fecal water

***fast action* 2**

for too frequent evacuations:

Superior, yet selective, nonopiate antimotility action of thihexinol methylbromide

(Complete information regarding the use of Sorboquel Tablets is available on request.)

dosage: For older children and adults, initial dosage of one SORBOQUEL Tablet q.i.d. is usually adequate. Severe diarrheas may require six, or even eight, tablets in divided daily doses. (Dosages exceeding six tablets a day should not be employed over prolonged periods.)

Supplied: Sorboquel Tablets, bottles of 50 and 250. Each tablet contains 0.5 Gm. polycarbophil and 15 mg. thihexinol methylbromide.

WHITE LABORATORIES, INC., Kenilworth, New Jersey

Index of advertisers

Medical Economics, August 14, 1961

Page numbers in parentheses refer to product listings in Physicians' Desk Reference, published annually by Medical Economics, Inc. "Supp." stands for the Supplement to PDR, issued quarterly.

...Index of advertisers

Helps you take the misery out of menopause

as hormones alone often don't do

Fast-acting Milprem directly relieves both emotional dread and estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps you so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and your assurances can now help her make her adjustment much faster.

Composition: Miltown (meprobamate) + conjugated estrogens (equine).
Supplied: Milprem-400, each coated pink tablet contains 400 mg. Miltown and 0.4 mg. conjugated estrogens (equine). **Milprem-200**, each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Both potencies in bottles of 60.
Literature and samples on request.

Dosage: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

Milprem®

CMP-1307

WALLACE LABORATORIES / *Cranbury, N. J.*

About columnists

A lot of readers have credited us—and at least one has censured us—for the views expressed in recent columns by Dr. Edward R. Annis. From San Antonio, Tex., comes a typical letter: "We doctors are poorly trained in putting our ideas across to the public. Thanks for showing us how." From Ann Arbor, Mich., comes this dissent: "I'm sorry to see you give up your independence and start featuring the political comments of an A.M.A. spokesman."

In case the answers aren't self-evident, we'll say this:

MEDICAL ECONOMICS isn't giving up its independence. It's simply adding columnists. Dr. Annis happened to be the first—and if you've seen him on TV, you know that his thoughts come too thick and fast to represent anyone's thinking but his own. This makes him an appropriate columnist according to Webster's definition: "A writer who conducts a column . . . reflecting the writer's individual tastes and point of view."

A columnist, in short, speaks for himself. So if you like his ideas, give *him* credit. In case you don't like them—well, why not try another columnist? You'll find a new one in this issue, with others to follow, and they'll all reflect different points of view.

Our new columnist, Dr. Alfred P. Ingegno, was once a student of this magazine's founding editor in the country's first course in medical economics.* Now 53, Dr. Ingegno is today a teacher at the same institution—but much more. He helps set policy for the Blue Shield plans of New York State as chairman of their medical policy committee. As a top officer of his county and state medical societies, he's tackled problems ranging from fees to foreign doctors, from parking to professional liability. And still he's a dedicated family internist as well as a consultant in gastroenterology.

All these professional interests point toward varied, interesting columns. You'll find his first on page 41.

* Given at the Long Island College of Medicine in the 1920s and 1930s by Dr. H. Sheridan Baketel.

Take an "inside look" at a remarkable advance in topical steroid therapy

Veriderm Medrol consists of Veriderm, a base closely approximating the composition of normal skin lipids, and Medrol, highly effective corticoid.

Topical use of Veriderm Medrol Acetate produces symptomatic relief and objective improvement of dermatoses, and at the same time aids in correcting dry skin conditions. Veriderm Medrol Acetate, less greasy than an ointment, less drying than a lotion, is indicated in atopic, contact, or seborrheic dermatitis; neurodermatitis; anogenital pruritus; allergic dermatoses.

Available in four formulations: Veriderm Medrol Acetate 0.25% — Each gram contains: Medrol (methylprednisolone) Acetate 2.5 mg.; Methylparaben 4 mg.; Butyl-p-hydroxybenzoate 3 mg.; in a skin lipid base composed of saturated and unsaturated free fatty acids; triglycerol and other esters of fatty acids; saturated and unsaturated hydrocarbons; free cholesterol; high-molecular-weight alcohol; with water and aromatics. (Veriderm Medrol Acetate 1% is also available.)

For prophylaxis against secondary infection: Veriderm Neo-Medrol Acetate 0.25% — Each gram contains: Medrol (methylprednisolone) Acetate 2.5 mg.; Neomycin Sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); Methylparaben 4 mg.; Butyl-p-hydroxybenzoate 3 mg.; in a skin lipid base composed of saturated and unsaturated free fatty acids; triglycerol and other esters of fatty acids; saturated and unsaturated hydrocarbons; free cholesterol; high-molecular-weight alcohol; with water and aromatics. (Veriderm Neo-Medrol Acetate 1% is also available.)

Administration: After careful cleansing of the affected skin to minimize the possibility of introducing infection, a small amount of either Veriderm Medrol Acetate or Neo-Medrol Acetate is applied and rubbed gently into the involved areas. Application should be made initially one to three times daily. Once control is achieved — usually within a few hours — the frequency of application should be reduced to the minimum necessary to avoid relapses. The 1% preparation is recommended for beginning treatment and the 0.25% preparation for maintenance therapy.

Contraindications: Local application of Veriderm Medrol Acetate or Neo-Medrol Acetate is contraindicated in tuberculosis of the skin and in other cutaneous infections for which an effective antibiotic or chemotherapeutic agent is not available for simultaneous application.

These preparations are usually well tolerated. However, if signs of irritation or sensitivity should develop, application should be discontinued. If bacterial infection should develop during the course of therapy, appropriate local or systemic antibiotic therapy should be instituted.

Supplied in 5 Gm. and 20 Gm. tubes.

Veriderm
TRADEMARK

Medrol†
ACETATE

Neo-Medrol†
ACETATE

†TRADEMARK, REG. U. S. PAT. OFF.

Upjohn

The Upjohn Company, Kalamazoo, Michigan

for a brighter pregnancy DEXAMYL® SPANSULE®

brand of sustained release capsules

When pregnancy becomes burdensome, 'Dexamyl' Spansule capsules can help restore optimism and drive.

FORMULA: Each 'Dexamyl' *Spansule* capsule No. 1 contains Dexedrine® (brand of dextro amphetamine sulfate), 10 mg.; amobarbital (Warning, may be habit forming), 1 gr. Each 'Dexamyl' *Spansule* capsule No. 2 contains 'Dexedrine' (brand of dextro amphetamine sulfate), 15 mg.; amobarbital (Warning, may be habit forming), 1½ gr. The active ingredients of the 'Spansule' capsule are distributed among hundreds of minute pellets with varying disintegration times. A therapeutic dose is released immediately and the remaining medication, released slowly and without interruption, sustains the effect for 10 to 12 hours.

INDICATIONS: Mental and emotional distress; overweight.

RECOMMENDED DOSAGE: One 'Dexamyl' *Spansule* capsule taken in the morning.

SIDE EFFECTS: Insomnia, excitability and increased motor activity are infrequent and ordinarily mild.

CAUTIONS: Should be used with caution in patients hypersensitive to sympathomimetic compounds or barbiturates and in cases of coronary or cardiovascular disease or severe hypertension.

ALSO AVAILABLE: 'Dexamyl' Tablets and Elixir.

Prescribing information adopted Jan. 1961.

Smith Kline & French Laboratories SK&F